

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90326 001 ****61.25

04-07-2004 90326 002 *****8.75

DOCUMENT # N35426

1. Entity Name

TOWERWOOD HOMEOWNERS ASSN., INC.



Principal Place of Business

2700 N US HWY 27
LOT 243
LAKE WALES FL 33853
US

Mailing Address

595 MONTEGO BAY DRIVE
LAKE WALES FL 33859
US

0041060J



MOORE CR2E037 (11/03)

2. Principal Place of Business

SCS MARTINIQUE DRIVE

3. Mailing Address

SCS MARTINIQUE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WALES, FL.

City & State

LAKE WALES, FL.

4. FEI Number

59-2982615

Applied For

Not Applicable

Zip

33859

Country

US

Zip

33859

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESTON, ALAN R
595 MONTEGO BAY DRIVE
LAKE WALES FL 33859

Name **ALAN R. WESTON**

Street Address (P.O. Box Number is Not Acceptable)

SCS MARTINIQUE DRIVE

City **LAKE WALES**

FL

Zip Code

33859

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, BRIAN	
STREET ADDRESS	517 MARTINIQUE DR	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WESTON, ALAN	
STREET ADDRESS	565 MARTINIQUE DR	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROOKES, ROBERT	
STREET ADDRESS	414 TAHITI DR	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUBIT, ANDREW	
STREET ADDRESS	409 JAMAIACAN DR	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, BILL	
STREET ADDRESS	504 MARTINIQUE DR.	
CITY-ST-ZIP	LAKE WALES, FL. 33859	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSEN, CAROL	
STREET ADDRESS	443 TAHITI	
CITY-ST-ZIP	LAKE WALES FL. 33859	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan R. Weston

ALAN R. WESTON

4/2/04

863-678-0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #