

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

**DOCUMENT # N35426**

1. Entity Name

TOWERWOOD HOMEOWNERS ASSN., INC.



Principal Place of Business

565 MARTINIQUE DRIVE  
LAKE WALES FL 33859  
US

Mailing Address

565 MARTINIQUE DRIVE  
LAKE WALES FL 33859  
US



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2982615

Applied For

Not Applicable

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  
565 MARTINIQUE DRIVE  
LAKE WALES FL 33859

Name

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

City

**FL**

Zip Code

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 reappointing)

DATE

**FILE NOW. FEE IS \$61.25  
Due By May 1, 2006**

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 SD ☐ Delete  
NAME HOTT, MARY  
STREET ADDRESS 403 MONTEGO BAY  
CITY-ST-ZIP LAKE WALES FL 33859

TITLE TD ☐ Delete  
NAME WESTON, ALAN  
STREET ADDRESS 565 MARTINIQUE DR  
CITY-ST-ZIP LAKE WALES FL 33859

TITLE D ☒ Delete  
NAME CUBIT, ANDREW  
STREET ADDRESS 409 JAMACAN DR  
CITY-ST-ZIP LAKE WALES FL 33859

TITLE PD ☐ Delete  
NAME WILLIAMS, BILL  
STREET ADDRESS 504 MARTINIQUE DR.  
CITY-ST-ZIP LAKE WALES FL 33859

TITLE VPD ☐ Delete  
NAME OLSEN, CAROL  
STREET ADDRESS 443 TAHITI  
CITY-ST-ZIP LAKE WALES FL 33859

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME ROBERT ATKINS  
STREET ADDRESS 408 TAHITI DR.  
CITY-ST-ZIP LAKE WALES FL 33859

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06 803.678-0103

Date

Daytime Phone #