

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

DOCUMENT # N35426

1. Entity Name

TOWERWOOD HOMEOWNERS ASSN., INC.



02-19-2007 90188 001 *****8.75

02-19-2007 90188 002 *****61.25

Principal Place of Business

Mailing Address

565 MARTINIQUE DRIVE
LAKE WALES FL 33859
US

565 MARTINIQUE DRIVE
LAKE WALES FL 33859
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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, 2007

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 ATKINS, ROBERT
STREET ADDRESS 408 TAHITI 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 PO ☐ Delete ☒ Addition
NAME ED COX
STREET ADDRESS 533 BERMUDA DR.
CITY ST-ZIP LAKE WALES FL 33859

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME JANET CHADWICK
STREET ADDRESS 475 TOWERWOOD BLVD.
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

2/9/07

863-678-0103