

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35426

FILED
Mar 16, 2009
Secretary of State

Entity Name: TOWERWOOD HOMEOWNERS ASSN., INC.

Current Principal Place of Business:

565 MARTINIQUE DRIVE
LAKE WALES, FL 33859 US

New Principal Place of Business:

597 TOWERWOOD BLVD
LAKE WALES, FL 33859 US

Current Mailing Address:

565 MARTINIQUE DRIVE
LAKE WALES, FL 33859 US

New Mailing Address:

594 MONTEGO BAY DR
LAKE WALES, FL 33859 US

FEI Number: 59-2982615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WESTON, ALAN R
565 MARTINIQUE DRIVE
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

KELLER, CAROLYN S TREA
594 MONTEGO BAY DR
LAKE WALES, FL 33859 US

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.

SIGNATURE: CAROLYN S KELLER

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: NOBLE, FRANK L
Address: 3174 ANTIQUA RD
City-St-Zip: LAKE WALES, FL 33859

Title: TD () Delete
Name: WESTON, ALAN
Address: 565 MARTINIQUE DR
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: ATKINS, ROBERT
Address: 408 TAHITI DR
City-St-Zip: LAKE WALES, FL 33859

Title: PD () Delete
Name: CHADWICK, JANET
Address: 475 TOWERWOOD BLVD
City-St-Zip: LAKE WALES, FL 33859

Title: SD (X) Delete
Name: COX, EDWARD D
Address: 533 BERMUDA DR
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOBLE, FRANK L PRES DIR
Address: 3174 ANTIQUA RD
City-St-Zip: LAKE WALES, FL 33859

Title: SD (X) Change () Addition
Name: COX, EDWARD D SECDIR
Address: 533 BERMUDA DR
City-St-Zip: LAKE WALES, FL 33859

Title: D (X) Change () Addition
Name: ATKINS, ROBERT DIRECTO
Address: 408 TAHITI DR
City-St-Zip: LAKE WALES, FL 33859

Title: TD (X) Change () Addition
Name: KELLER, CAROLYN S TREA
Address: 594 MONTEGO BAY DR
City-St-Zip: LAKE WALES, FL 33859

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN S KELLER

TREA

03/16/2009

Electronic Signature of Signing Officer or Director

Date