

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90164 044 ****61.25

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 33853
US

2. Principal Place of Business

3. Mailing Address

565 MARTINIQUE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WALES FL.

Zip

Country

Zip

Country

33859

U.S.A.

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

FRANCES M. STURGEON
595 MONTEGO BAY DRIVE
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name ALAN R. WESTON

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

565 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

Alan R. Weston

4-28-03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARY, LARRY 525 MONTEGO BAY LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, BRIAN 517 MARTINIQUE DR. LAKE WALES, FL. 33859	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIAN, CAMY 517 MARTINS DRIVE LAKE WALES, FL. 33859	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESTON, ALAN 565 MARTINIQUE DR. LAKE WALES, FL. 33859	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENGUEL, JOHN J. 2700 N US HWY 27 LOT 116 LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKES, ROBERT 414 TAHITI DR. LAKE WALES, FL. 33859	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STURGEON, FRAN 2700 N US 27 LOT 121 LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUBITT, ANDREW 409 JAMAICAN DR. LAKE WALES, FL. 33859	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYKES, CHARLES 2700 N US 27 LOT 121 LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/28/03 863-678-0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (10/02)