

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702089 (4)

1. Corporation Name
TWIN WATERS APARTMENTS, INC.



Principal Place of Business Mailing Address
1201 N RIVERSIDE DRIVE 1201 N RIVERSIDE DRIVE
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-8164

3. Date Incorporated or Qualified 02/22/1961 3a. Date of Last Report 04/08/1996
4. FEI Number 59-2066746 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
DECOTIS, BILLIE
1201 N RIVERSIDE DR
APT. 1
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *[Signature]* BILLIE DE COTIS PRESIDENT FEB. 04. 1997
NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DECOTIS, BILLIE	
STREET ADDRESS	1201 N RIVERSIDE DR #1	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WOOD, ANDREW	
STREET ADDRESS	1201 N RIVERSIDE DR #2	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	DVD	<input type="checkbox"/> DELETE
NAME	SHAW, LEE	
STREET ADDRESS	1201 N. RIVERSIDE DR., #14	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAGNUSON, PRISCILLA	
STREET ADDRESS	1201 N. RIVERSIDE DR. #8	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMSON, RAYNETTE	
STREET ADDRESS	1201 N RIVERSIDE DR. #12	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARRUDA MANUEL	
4.3 STREET ADDRESS	1201 N. RIVERSIDE DR #9	
4.4 CITY-ST-ZIP	POMPANO BEACH FL.	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARRUDA, MANUEL	
5.3 STREET ADDRESS	1201 N. RIVERSIDE DR #9	
5.4 CITY-ST-ZIP	POMPANO BEACH FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* ANDREW H. WOOD FEB. 04. 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021886

CR2E037 (9/96)