

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702089 (4)

1. Corporation Name
TWIN WATERS APARTMENTS, INC.

Principal Place of Business 1201 N RIVERSIDE DRIVE POMPANO BEACH FL 33062	Mailing Address 1201 N RIVERSIDE DRIVE POMPANO BEACH FL 33062
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3. Date Incorporated or Qualified
02/22/1961

4. FEI Number
59-2066746

Applied For
 Not Applicable

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	29
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 617.0502, Florida Statutes.

SIGNATURE: *Billie Decotis* Pres. **March 18, 1998**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<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 # 16	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	DVD	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, LEE	
STREET ADDRESS	1201 N. RIVERSIDE DR., #14	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARRUDA, MANUEL	
STREET ADDRESS	1201 N RIVERSIDE DR #9	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **~~1201 N RIVERSIDE DR # 16~~**

2.4 CITY-ST-ZIP

3.1 TITLE **VICE PRESIDENT** Change Addition

3.2 NAME **PAT CREAMORE**

3.3 STREET ADDRESS **1201 N. RIVERSIDE DR. APT 3**

3.4 CITY-ST-ZIP **POMPANO BEACH FL. 33062**

4.1 TITLE Change Addition

4.2 NAME **~~BILL CUDMORE~~**

4.3 STREET ADDRESS **~~1201 N RIVERSIDE DR # 14~~**

4.4 CITY-ST-ZIP **~~POMPANO BEACH FL. 33062~~**

5.1 TITLE **DIRECTOR** Change Addition

5.2 NAME **BILL CUDMORE**

5.3 STREET ADDRESS **1201 N. RIVERSIDE DR APT 4**

5.4 CITY-ST-ZIP **POMPANO BEACH FL 33062.**

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: *Andrew Wood* **March 18, 1998**

CR2E037 (10/97)