

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90033 030 \*\*\*\*61.25

**DOCUMENT # 702089**

1. Entity Name

**TWIN WATERS APARTMENTS, INC.**

Principal Place of Business

Mailing Address

1201 N RIVERSIDE DRIVE  
 POMPANO BEACH FL 33062

1201 N RIVERSIDE DRIVE  
 POMPANO BEACH FLA 33062-8164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2066746**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DECOTIS, BILLIE**  
**1201 N RIVERSIDE DR**  
**APT. 1**  
**POMPANO BEACH FL 33062**

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.

SIGNATURE

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DECOTIS, BILLIE	1201 N RIVERSIDE DR #1	POMPANO BCH, FL 00000	<input type="checkbox"/>
ST	WOOD, ANDREW	1201 N RIVERSIDE DR 16	POMPANO BCH, FL 00000	<input type="checkbox"/>
VP	CREEKMORE, PAT	1201 N RIVERSIDE DR APT 3	POMPANO BEACH FL 33062	<input checked="" type="checkbox"/>
D	ARRUDA, MANUEL	1201 N RIVERSIDE DR #9	POMPANO BEACH FL	<input checked="" type="checkbox"/>
D	CUDMORE, BILL	1201 N RIVERSIDE DR APT 4	POMPANO BEACH FL 33062	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			POMPANO BEACH FL 33062	<input type="checkbox"/>	<input type="checkbox"/>
			POMPANO BEACH FL 33062	<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	PRISCILLA MAGNUSON, PRISCILLA	1201 N. RIVERSIDE DR APT 8	POMPANO BEACH, FL 33062	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE-PRESIDENT	ARRUDA, MANUEL	1201 N. RIVERSIDE DR. # 9	POMPANO BEACH FL 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	FRANNE GENTLE, FRANNIE	1201 N. RIVERSIDE DR. APT 12	POMPANO BEACH, FL 33062	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)