

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90618 027 \*\*\*\*61.25

0035716

**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 FL 33062

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

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DECOTIS, BILLIE</b>	
STREET ADDRESS	<b>1201 N RIVERSIDE DR #1</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, ANDREW</b>	
STREET ADDRESS	<b>1201 N RIVERSIDE DR 16</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAGNUNSON, PRISCILLA</b>	
STREET ADDRESS	<b>1201 N RIVERSIDE DR APT 3</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ARRUDA, MANUEL</b>	
STREET ADDRESS	<b>1201 N RIVERSIDE DR #9</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GENTLE, FRANNIE</b>	
STREET ADDRESS	<b>1201 N RIVERSIDE DR APT 4</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM EUDMORE</b>	
STREET ADDRESS	<b>1201 N RIVERSIDE DR. APT. 4</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>APT. # 121</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

*Billie Decotis*  
 Billie Decotis  
 2-15-2001 954-771-4400

CR2E037 (10/00)