


ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90046 019 ****61.25

DOCUMENT # 702089

1. Entity 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**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**ARRUDA, CARL
 1201 N RIVERSIDE DR.
 APT. 15
 POMPANO BEACH, FL 33062**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Carl Arruda* (NOTE: Registered Agent signature required when reinstating)

DATE: **3/4/04**

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ARRUDA, CARL	
STREET ADDRESS	1201 N RIVERSIDE DR., #15	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WOOD, ANDREW	
STREET ADDRESS	1201 N RIVERSIDE DR 16	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUDMORE, WILLIAM	
STREET ADDRESS	1201 N RIVERSIDE DR APT 4	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECOTIS, BILLIE	
STREET ADDRESS	1201 N RIVERSIDE DR., #1	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEIER, JEANNE	
STREET ADDRESS	1201 N RIVERSIDE DR APT 7	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		

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: *Carl Arruda*