
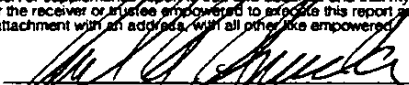


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90016 010 ****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	4. FEI Number 59-2066746	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARRUDA, CARL 1201 N RIVERSIDE DR. APT. 15 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARRUDA, CARL		NAME		
STREET ADDRESS	1201 N RIVERSIDE DR., #15		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOOD, ANDREW		NAME	S GRACE BROCK	
STREET ADDRESS	1201 N RIVERSIDE DR 16		STREET ADDRESS	1201 RIVERSIDE DR, #5	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUDMORE, WILLIAM		NAME	VP WOOD, ANDREW	
STREET ADDRESS	1201 N RIVERSIDE DR APT 4		STREET ADDRESS	1201 N RIVERSIDE DR, 16	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DECOTIS, BILLIE		NAME	T CUDMORE, WILLIAM	
STREET ADDRESS	1201 N RIVERSIDE DR., #1		STREET ADDRESS	1201 N RIVERSIDE DR, #4	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEIER, JEANNE		NAME		
STREET ADDRESS	1201 N RIVERSIDE DR APT 7		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 prepare 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: 			3/10/06		954782 8514
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			Date		Daytime Phone #



ATTACHMENT

40037567

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2006

TWIN WATERS APARTMENTS, INC.
1201 N RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

Subject: TWIN WATERS APARTMENTS, INC.

Reference Number: 702089

Please be advised, we ~~have received~~ your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION