

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702089

FILED
Mar 05, 2009
Secretary of State

Entity Name: TWIN WATERS APARTMENTS, INC.

Current Principal Place of Business:

1201 N RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1201 N RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-2066746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARRUDA, CARL
Address: 1201 N RIVERSIDE DR., #15
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: BROCK, GRACE
Address: 1201 RIVERSIDE DR, # 5
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: WOOD, ANDREW
Address: 1201 B RIVERSIDE DR, # 16
City-St-Zip: POMPANO BEACH, FL 33062

Title: T () Delete
Name: CUDMORE, WILLIAM
Address: 1201 N RIVERSIDE DR, # 4
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: DECOTIS, BILLIE
Address: 1201 N RIVERSIDE DR 1
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DOMARATIUS, RICHARD
Address: 1201 RIVERSIDE DR, # 2
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP (X) Change () Addition
Name: DECOTIS, BILLIE
Address: 1201 B RIVERSIDE DR, # 1
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DENNING, MARC
Address: 1201 N RIVERSIDE DR #7
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DOMARATIUS

S

03/05/2009

Electronic Signature of Signing Officer or Director

Date