

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706568 (3)

1. Corporation Name

TWIN OAK POND ASSOCIATION INC

Principal Place of Business

5216 WINDING WAY
SARASOTA FL 34242-1848

Mailing Address

5216 WINDING WAY
SARASOTA FL 34242-1848

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1963

3a. Date of Last Report
03/03/1994

4. FEI Number
05-0062205

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

21 5239 WINDING WAY

2a. Mailing Address

26 5239 WINDING WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA, FL

City & State

28 SARASOTA FL

Zip

24 34242

Country

25 USA

Zip

29 34242

Country

30 USA

9. Name and Address of Current Registered Agent

ARMSTRONG, DELORES
5240 WINDING WAY
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name TOWN, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable) 5239 WINDING WAY
83
84 City SARASOTA FL 85 Zip Code 34242

11. Pursuant to the provisions of Sections 607.009 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation

(NOTE: Registered Agent signature required when re-registering)

(DATE)

ROBERT TOWN, Treasurer 4/05/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARMSTRONG, DELORES
STREET ADDRESS	5255 WINDING WAY
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	DVP
NAME	TOWN, ROBERT
STREET ADDRESS	5239 WINDING WAY
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	DS
NAME	ARMSTRONG, KIM
STREET ADDRESS	5245 WINDING WAY
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	DT
NAME	FRY, RICHARD
STREET ADDRESS	5216 WINDING WAY
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WHITE, NANCY	
13 STREET ADDRESS	5220 WINDING WAY	
14 CITY - ST - ZIP	SARASOTA FL 34242	
21 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GRAY, SOLOMON	
23 STREET ADDRESS	5222 WINDING WAY	
24 CITY - ST - ZIP	SARASOTA FL 34242	
31 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	- SAME	
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TOWN, ROBERT	
43 STREET ADDRESS	5239 WINDING WAY	
44 CITY - ST - ZIP	SARASOTA FL 34242	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

ROBERT TOWN, Treasurer 4/05/95 813.957-1435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Filing Fee #)