

FILE NOW: FILING FEE IS \$61.25

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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 706568 (3)
1. Corporation Name
TWIN OAK POND ASSOCIATION INC

Principal Place of Business: 5236 WINDING WAY SARASOTA FL 34242 US
Mailing Address: 5239 WINDING WAY SARASOTA FL 34242-1861 US



2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 12/17/1963
3a. Date of Last Report: 06/03/1996
4. FEI Number: 05-0062205
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
TOWN, ROBERT
5239 WINDING WAY
SARASOTA FL 34242

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* ROBERT TOWN President 4/26/97

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	WHITE, NANCY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	5220 WINDING WAY	CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	VD	NAME	GRAY, SOLOMON	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	5222 WINDING WAY	CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	SD	NAME	ARMSTRONG, KIM	<input type="checkbox"/> DELETE
STREET ADDRESS	5245 WINDING WAY	CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	TD	NAME	TOWN, ROBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	5239 WINDING WAY	CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		CITY-ST-ZIP		
TITLE		NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FD	1.2 NAME	TOWN, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	5239 WINDING WAY	1.4 CITY-ST-ZIP	SARASOTA FL 34242	
2.1 TITLE	VD	2.2 NAME	Gordon, Bryan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	5235 WINDING WAY	2.4 CITY-ST-ZIP	SARASOTA FL 34242	
3.1 TITLE		3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		
4.1 TITLE	TD	4.2 NAME	Hanna, Helen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	5234 WINDING WAY	4.4 CITY-ST-ZIP	SARASOTA FL 34242	
5.1 TITLE	D	5.2 NAME	Berliner, Warren	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS	5218 WINDING WAY	5.4 CITY-ST-ZIP	SARASOTA FL 34242	
6.1 TITLE		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP		

14. I do 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 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 on an attachment with an address.

SIGNATURE: *[Signature]* ROBERT TOWN 4/26/97

CR2E037 (9/96)