FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90004 043 ****61.25

DOCL	JMENT:	# 7	06	56	S

1. Corporation Name

TWIN OAK POND ASSOCIATION INC

Principal Place	of Divisionals													
	Principal Place of Business Mailing Address		- 1											
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Suite, Apt. #, etc.		Suite, Apt. #, etc.								Арр	lied For			
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office or re	anistered agent or both in the State o	f Florida. Such change was authord	red by	/ the	mea c	corpora oration's	ition su s board	of directors.	I hereby ac	ccept the appoin	tment	as reg	istered	
agent. I ar	n familiar with, and accept the obligati	ons of, Section 617.0503, Florida S	tatutes	S.	•									
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	SARASOTA FLUS 2. Principal Plus 3. Suite, Apt. 12 City & State 3. Zip 4. TOWN, RC 5239 WINT SARASOTA 11. Pursuant to office or reagent. I are suited as a	SARASOTA FL 34242 US 2. Principal Place of Business 1 Suite, Apt. #, etc. 2 City & State 3 Zip Country 4 25 9. Name and Address of Current TOWN, ROBERT 5239 WINDING WAY SARASOTA FL 34242 11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State or agent. I am familiar with, and alcopt the obligati SIGNATURE Sighature. Special printed name of legistered agent 12. OFFICERS AND TOWN, ROBERT 5239 WINDING WAY STREET ADDRESS S	SARASOTA FL 34242 US 2a. Mailing Address 26	SARASOTA FL 34242 US 22. Principal Place of Business 23. Malling Address 26. 52.36 WINDING Suite, Apt. #, etc. 27. City & State 28. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Principal Place of Business 29. Suite, Apt. #, etc. 20. City & State 29. Variety 29. Name and Address of Current Registered Agent 40. Principal Place of Business 30. Suite, Apt. #, etc. 31. City & State 32. Suite, Apt. #, etc. 33. Country 34. Principal Place of Business 35. Suite, Apt. #, etc. 36. Suite, Apt. #, etc. 37. Country 38. State 39. Name and Address of Current Registered Agent 30. Statute Statute Suphature, photofor printed name of physiciards and title if applicable. (NOTE: Registered Agent in the Statute Signature, photofor printed name of physiciards and title if applicable. (NOTE: Registered Agent in the Statute Signature, photofor printed name of physiciards and title if applicable. (NOTE: Registered Agent in the Street Address Signature, photofor printed name of physiciards and title if applicable. (NOTE: Registered Agent in the Street Address Signature, photofor printed name of physiciards and title if applicable. (NOTE: Registered Agent in the Street Address Signature, photofor printed name of physiciards and title if applicable. 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TITLE 12 NAME 13 STREET ADDRESS 5239 WINDING WAY 53 SARASOTA, FL 34242 14 CITY-ST-ZIP 15 SARASOTA, FL 34242 16 STREET ADDRESS 5239 WINDING WAY 53 SARASOTA, FL 34242 54 CITY-ST-ZIP 55 SARASOTA, FL 34242 55 SARASOTA, FL 34242 56 SUITE STREET ADDRESS 5239 WINDING WAY 57 SARASOTA FL 34242 57 SARASOTA FL 34242 57 SARASOTA FL 34242 57 SARASOTA, FL 34242 57 SARA	SARASOTA FL 34242 US 2a. Mailling Address 2b. 52.36 WINDING WY Suite, Apt. #, etc. 2city & State 2city & St	SARASOTA FL 34242 US 2. Principal Place of Business 2. Mailing Address 3. Da 4. FE 5. Ce 2. City & State 3. Da 5. Ce 2. Country 3. Da 5. Ce 2. Country 4. FE 5. Ce 2. City & State 5. Ce 2. Country 5. Ce 6. Ele 7. True 8. Street Address (P.O. S. 2. Street Add	SARASOTA FL 34242 2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 2. Principal Place of Business 2. Amailing Address 2. By 236 Will May Wy 2. Suite, Apt. #, etc. 2. City & State 2. City & State 3. Date Incorporat 12/17/1963 Suite, Apt. #, etc. 2. City & State 3. Country 4. FEI Number 5. Certificate of State 2. Suite, Apt. #, etc. 2. Country 4. FEI Number 5. Certificate of State 3. Country 6. Election Campa Trust Fund Con 9. Name and Address of Current Registered Agent 10. Name and Address (P.O. Bax Number) 5. Street Address (P.O. Bax Number) 5. Certificate of State 5. Certificate of State 6. Election Campa Trust Fund Con 10. Name and Address (P.O. Bax Number) 5. Certificate of State 5. Certificate of State 6. Election Campa Trust Fund Con 10. Name and Address (P.O. Bax Number) 5. Certificate of State 5. Certificate of State 6. Election Campa Trust Fund Con 10. Name and Address (P.O. Bax Number) 5. Certificate of State 6. Election Campa 7. State 7. State 7. State 7. State 7. Stat	SARASOTA FL 34242 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Entry 1 12 17/1963 Suite, Apt. #, etc. 2. City & State 2. Election Campaign Financi Trust Fund Contribution 9. Name and Address of Current Registered Agent 7. Country 2. Street Address (P.O. Box Number of State of Florida Suitutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida Suitutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida Suitutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida Suitutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida Suitutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida Suitutes, the above-named corporation submits this statement for office or registered agent, or both or phase name of phases agent and title if appreciates 3. Date incorporated or Quality 12/17/1963 4. FEI Number 12/17/1963 5. Certificate of Status Desired Status 12/17/1963 5. Certificate of Status Desired 10. Name and Address of National Status 10. Name Bryan Gordon 10. Name and Address of National Status 10. Name Bryan Gordon 10. Name and Address of National Status 10. Name Bryan Gordon 10. Name and Address of National Status 10. Name Bryan Gordon 10. Name and Address of National Status 10. Name Bryan Gordon 10. Name and Address of National Status 10. Name Bryan Gordon 10. Name and Address of National Status 10. Name Bryan Gordon 10. Name and Address of National Name Bryan Gordon 10. Name and Address of National Name Bryan Gordon 10. Name Bryan	SARASOTA FL 34242 US SARASOTA FL 34242 US	SARASOTA FL 34242 US 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Suite, Apt. #,	SARASOTA FL 34242 US 2. Principal Place of Business 2. Mailing Address 2. Emiling Address 2. Suite, Apt. #, etc. 2. Total Address 3. Date Incorporated or Qualified 12/117/1968 12/117/1968 12/117/1968 12/117/1968 12/117/1968 2. Election Campaign Financing 3. Date Incorporated or Qualified 12/117/1968 1. FEI Number 10-00-0062205 1. Not 1. Country 2. Election Campaign Financing 3. Date Incorporated or Qualified 12/117/1968 1. FEI Number 10-00-0062205 1. Not 1. Country 2. Election Campaign Financing 3. Date Incorporated or Qualified 12/117/1968 1. FEI Number 10-00-0062205 1. Not 10	SARASOTA FL 34242 US SARASOTA FL 34242 US

SARASOTA, FL 34242 ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME BEVERLY, WITCHER J NAME 5.3 STREET ADDRESS STREET ADDRESS 5244 WINDING WAY 5.4 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Addition DELETE 6.1 TITLE Change MLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.1 TITLE

4, 2 NAME

□ DELETE

14. 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 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 reserver 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 granged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SARASOTA FL 34242

VOORHIES, MARK D.

5236 WINDING WAY

Change

☐ Addition