

FILE NOW: FILING FEE IS \$61.25

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

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

0068138

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 706568

1. Corporation Name
TWIN OAK POND ASSOCIATION INC

Principal Place of Business: 5236 WINDING WAY, SARASOTA FL 34242, US
 Mailing Address: ~~5236 WINDING WAY~~ SARASOTA FL 34242, US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	5236 winding wy	12/17/1963
22	City & State	27. Suite, Apt. #, etc.	4. FEI Number
			05-0062205
23	Zip	28. City & State	5. Certificate of Status Desired
	Country	34242 FL	<input type="checkbox"/> \$8.75 Additional Fee Required
24	25. Country	29. Zip	6. Election Campaign Financing
		34242	<input type="checkbox"/> \$5.00 May Be Added to Fees
		30. Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TOWN, ROBERT 5239 WINDING WAY SARASOTA FL 34242		81 Name	BRYAN Gordon (LAST NAME: Gordon)
		82 Street Address (P.O. Box Number is Not Acceptable)	5235 Winding Wy
		83	
		84 City	SARASOTA FL 85 Zip Code 34242

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, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.D.
NAME	TOWN, ROBERT	1.2 NAME	BRYAN Gordon (LAST NAME: Gordon)
STREET ADDRESS	5239 WINDING WAY	1.3 STREET ADDRESS	5235 Winding Wy
CITY-ST-ZIP	SARASOTA, FL 34242	1.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	VD	2.1 TITLE	V.D.
NAME	GORDON, BRYAN	2.2 NAME	DUANE, HESTER
STREET ADDRESS	5235 WINDING WAY	2.3 STREET ADDRESS	5246 Winding Wy
CITY-ST-ZIP	SARASOTA, FL 34242	2.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	S	3.1 TITLE	S
NAME	DUANE, HESTER D	3.2 NAME	JARDIN, ROBERT
STREET ADDRESS	5246 WINDING WAY	3.3 STREET ADDRESS	5212 Winding Wy
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	TD	4.1 TITLE	
NAME	VOORHIES, MARK D.	4.2 NAME	
STREET ADDRESS	5236 WINDING WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BEVERLY, WITCHER J	5.2 NAME	
STREET ADDRESS	5244 WINDING WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED 3-24-99 (94) 349-5734
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-111981