2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 706568

Title:

Name:

Address:

City-St-Zip:

Entity Name: TWIN OAK POND ASSOCIATION INC

FILED Aug 18, 2002 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5236 WINDING WAY SARASOTA, FL 34242 LIS **Current Mailing Address: New Mailing Address:** 5236 WINDING WY SARASOTA, FL 34242 US FEI Number: 05-0062205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORDON, BRYAN GLASER, STEPHANIE 5239 WINDING WAY 5208 WIŃDING WAY SARASOTA, FL 34242 US SARASOTA, FL 34242 US 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: STEPHANIE GLASER 08/18/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GORDON, BRYAN DUAN, HESTER Name: Name: 5239 WINDING WAY Address: 5246 WINDING WAY Address: City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL Title: VD Title: VD (X) Change () Addition () Delete Name: HESTER, DUANE Name: TANNER, MERRILL Address: 5246 WINDING HWY Address: 5221 WINDING HWY City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242 Title: () Delete Title: () Change () Addition JARDIN, ROBERT Name: Name: Address: 5212 WINDING ROAD Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition VOORHIES, MARK D. Name: Name: GLASER, STEPHANIE D 5236 WINDING WAY 5208 WINDING WAY Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL 34242 Title: Title: () Delete () Change () Addition BEVERLY, WITCHER J Name: Name: 5244 WINDING WAY Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHANIE GLASER TD 08/18/2002

() Delete

() Change (X) Addition

GORDON, BRYAN

5239 WINDING WAY SARASOTA, FL 34242