


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 706568</b> 1. Entity Name TWIN OAK POND ASSOCIATION INC	
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Principal Place of Business 5235 WINDING WAY SARASOTA, FL 34242 US	Mailing Address 5235 WINDING WAY SARASOTA, FL 34242 US
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01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 05-0062205	Applied Not App
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GLASER, STEPHANIE  
5235 WINDING WAY  
SARASOTA, FL 34242

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and I understand, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRECO, SANDY 5232 WINDING WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, CANDACE 5240 WINDING WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCANN, JACK 5244 WINDING WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, BRYAN 5239 WINDING WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOWN, PHYLLIS 5244 WINDING WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100001244257  
01/25/06 80013-022 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 