


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90063 041 \*\*\*\*70.00

<b>DOCUMENT # 706568</b>			
1. Entity Name <b>TWIN OAK POND ASSOCIATION INC</b>			
Principal Place of Business <b>5235 WINDING WAY SARASOTA, FL 34242 US</b>		Mailing Address <b>5235 WINDING WAY SARASOTA, FL 34242 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5237 WINDING WAY</b> State, Apt. #, etc.		3. Mailing Address <b>5237 WINDING WAY</b> State, Apt. #, etc.	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34242</b>	Country <b>US</b>	Zip <b>34242</b>	Country <b>US</b>
4. FEE Number <b>05-0062205</b>		Aspect For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GLASER, STEPHANIE 5235 WINDING WAY SARASOTA, FL 34242</b>		Name <b>CAROL ANN HENDERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>5237 WINDING WAY</b> City <b>SARASOTA</b> FL Zip Code <b>34242</b>	
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 accept the obligations of registered agent.			
SIGNATURE <i>Carol Ann Henderson</i>		SIGNATURE <b>CAROL ANN HENDERSON</b> <b>TREASURER</b> <b>3/15/2007</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>I</b> <b>GRECO, SANDY</b> <b>5232 WINDING WAY</b> <b>SARASOTA, FL 34242</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Treasurer</b> <b>HENDERSON, CAROL ANN</b> <b>5237 WINDING WAY</b> <b>SARASOTA, FL 34242</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>II</b> <b>BOYD, CANDACE</b> <b>5240 WINDING WAY</b> <b>SARASOTA, FL 34242</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Director</b> <b>MCCANN, JACK</b> <b>5244 WINDING WAY</b> <b>SARASOTA, FL 34242</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>V</b> <b>MCCANN, JACK</b> <b>5244 WINDING WAY</b> <b>SARASOTA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Vice President</b> <b>BECHTEL, DANIEL</b> <b>5254 WINDING WAY</b> <b>SARASOTA, FL 34242</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P</b> <b>GORDON, BRYAN</b> <b>5239 WINDING WAY</b> <b>SARASOTA, FL 34242</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>President</b> <b>BENSEMAN, GERALDINE</b> <b>5230 WINDING WAY</b> <b>SARASOTA, FL 34242</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>S</b> <b>TOWN, PHYLLIS</b> <b>5244 WINDING WAY</b> <b>SARASOTA, FL 34242</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Secretary</b> <b>GORDON, BRYAN</b> <b>5235 WINDING WAY</b> <b>SARASOTA, FL 34242</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Director</b> <b>TOWN, PHYLLIS</b> <b>5239 WINDING WAY</b> <b>SARASOTA, FL 34242</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Carol Ann Henderson</i>		SIGNATURE <b>CAROL ANN HENDERSON</b> <b>3/15/07</b> <b>941-346-7811</b>	

(cell) 765-242-4764

Attachment

40037234  
# 706568

Additional Directors:

Director  
HENDERSON, MARTIN  
5237 WINDING WAY  
SARASOTA, FL 34242

Add/  
X change

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Director  
TOWN, BOB  
5239 WINDING WAY  
SARASOTA, FL 34242

Add/  
X change

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Director  
WHITE, NANCY  
5220 WINDING WAY  
SARASOTA, FL 34242

Add/  
X change

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Director  
RASMUSSEN, STEVE  
5225 WINDING WAY  
SARASOTA, FL 34242

Add/  
X change

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