

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706568

FILED
Jan 14, 2009
Secretary of State

Entity Name: TWIN OAK POND ASSOCIATION INC

Current Principal Place of Business:

5237 WINDING WAY
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

5237 WINDING WAY
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 05-0062205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDERSON, CAROL ANN
5237 WINDING WAY
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HENDERSON, CAROL ANN
Address: 5237 WINDING WAY
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: MCCANN, JACK
Address: 5244 WINDING WAY
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: BECHTEL, DANIEL
Address: 5254 WINDING WAY
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: BENSEMAN, GERALDINE
Address: 5230 WINDING WAY
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: GORDON, BRYAN
Address: 5235 WINDING WAY
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: TOWN, PHYLLIS
Address: 5239 WINDING WAY
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CLARK, BERNIE
Address: 5208 WINDING WAY
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change () Addition
Name: BENSEMAN, GERALDINE
Address: 5230 WINDING WAY
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: TOWN, PHYLLIS
Address: 5239 WINDING WAY
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CAROL ANN HENDERSON

Electronic Signature of Signing Officer or Director

TREA

01/14/2009

Date