

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706568

FILED  
Jan 20, 2011  
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  
Name: HENDERSON, CAROL ANN  
Address: 5237 WINDING WAY  
City-St-Zip: SARASOTA, FL 34242

Title: VP  
Name: BALLANCE, RYAN  
Address: 5255 WINDING WAY  
City-St-Zip: SARASOTA, FL 34242

Title: P  
Name: CLARK, BERNIE  
Address: 5208 WINDING WAY  
City-St-Zip: SARASOTA, FL 34242

Title: D  
Name: CARTER, ALISON  
Address: 5215 WINDING WAY  
City-St-Zip: SARASOTA, FL 34242

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

Title: S  
Name: TOWN, PHYLLIS  
Address: 5239 WINDING WAY  
City-St-Zip: SARASOTA, FL 34242

I hereby 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 all other like empowered.

SIGNATURE: CAROL ANN HENDERSON

T

01/20/2011

Electronic Signature of Signing Officer or Director

Date