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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732886

1. Corporation Name

TWIN PALM APARTMENTS ASSOCIATION, INC.

Principal Place of Business

277 S. BREVARD #2
COCOA BCH FL 32931

Mailing Address

277 S. BREVARD #2
COCOA BCH FL 32931



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/30/1975 4. FEI Number 59-1654349 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Addtional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

HOLSTEIN, BARBARA
277 S BREVARD #2
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Tim Sparks - Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, EUGENE	1.2 NAME	275 S. Brevard #2
STREET ADDRESS	275 S. BREVARD #2	1.3 STREET ADDRESS	Cocoa Beach, FL 32931
CITY-ST-ZIP	COCOA BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	MEERMAN, VIRGINIA	2.2 NAME	
STREET ADDRESS	275 S BREVARD #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GLOVAS, JOSEPH	3.2 NAME	
STREET ADDRESS	277 S. BREVARD AVE. #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HOLSTEIN, BARBARA	4.2 NAME	
STREET ADDRESS	277 S. BREVARD #2	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	KOLSCH, HENRY	5.2 NAME	
STREET ADDRESS	279 S. BREVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	V and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSTEIN, FREDERICK	6.2 NAME	
STREET ADDRESS	277 S. BREVARD AVE. #2	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Holstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Holstein

3/3/99

Date

407-783-4827

Daytime Phone #

CR2E037 (11/98)