

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90074 015 ****61.25

DOCUMENT # 732886

1. Entity Name
TWIN PALM APARTMENTS ASSOCIATION, INC.



Principal Place of Business
279 SOUTH BREVARD AVE.
COCOA BEACH, FL 32931

Mailing Address
279 SOUTH BREVARD AVE.
COCOA BEACH, FL 32931

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1654349

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOLSCH, HENRY O
279 SOUTH BREVARD AVE
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GLOVAS, JOSEPH
STREET ADDRESS 277 S. BREVARD AVE. #3
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ST ☐ Delete
NAME KOLSCH, HENRY
STREET ADDRESS 279 SOUTH BREVARD AVE.
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE VD ☒ Delete
NAME SMITH, RANDALL
STREET ADDRESS 3031 S ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE D ☐ Delete
NAME COCCAMO, REGINA
STREET ADDRESS 2920 NE 8TH TERR UNIT 103
CITY-ST-ZIP OAKLAND, FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME Steve Tompkins
STREET ADDRESS 275 S Brevard Ave. #4
CITY-ST-ZIP Cocoa, FL. 32931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone #