

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732886

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** TWIN PALM APARTMENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

279 SOUTH BREVARD AVE.  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

279 SOUTH BREVARD AVE.  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 59-1654349      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: PD      ( ) Delete  
Name: GLOVAS, JOSEPH  
Address: 277 S. BREVARD AVE. #3  
City-St-Zip: COCOA BEACH, FL 32931

Title: ST      ( ) Delete  
Name: KOLSCH, HENRY  
Address: 279 SOUTH BREVARD AVE.  
City-St-Zip: COCOA BEACH, FL 32931

Title: VD      ( ) Delete  
Name: SMITH, RANDALL  
Address: 275 BREVARD AVE. # 4  
City-St-Zip: COCOA BEACH, FL 32931

Title: D      ( ) Delete  
Name: COCCAMO, REGINA  
Address: 2920 NE 8TH TERR UNIT 103  
City-St-Zip: OAKLAND, FL 33334

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VD      (X) Change ( ) Addition  
Name: TOMPKINS, STEVE  
Address: 275 BREVARD AVE. # 4  
City-St-Zip: COCOA BEACH, FL 32931

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

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: HENRY KOLSCH

ST

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date