

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732886

**FILED**  
**Apr 11, 2012**  
**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 ( )**

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

KOLSCH, HENRY O  
279 SOUTH BREVARD AVE  
COCOA BEACH, FL 32931 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: VD  
Name: GLOVAS, JOSEPH  
Address: 277 S. BREVARD AVE. #3  
City-St-Zip: COCOA BEACH, FL 32931

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

Title: D  
Name: TOMPKINS, STEVE  
Address: 275 BREVARD AVE. # 4  
City-St-Zip: COCOA BEACH, FL 32931

Title: PD  
Name: COCCAMO, REGINA  
Address: 277 S. BREVARD AVE. #2  
City-St-Zip: COCOA BEACH, FL 32931

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: HENRY O. KOLSCH

ST

04/11/2012

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

\_\_\_\_\_  
Date