

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000283

FILED
Apr 19, 2005
Secretary of State

Entity Name: TWIN LAKES TOWNHOMES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1221 AIRPORT RD., STE. 207
DESTIN, FL 32541

New Principal Place of Business:

986A AIRPORT ROAD
DESTIN, FL 32541

Current Mailing Address:

1221 AIRPORT RD., STE. 207
DESTIN, FL 32541

New Mailing Address:

P.O. BOX 5618
DESTIN, FL 32540

FEI Number: 20-0921699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONEZZI, ROBERT A
1221 AIRPORT RD., STE. 207
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

DAVIS, BRADFORD R
984 AIRPORT ROAD
DESTIN, FL 32541 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: BRADFORD R DAVIS

04/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BONEZZI, ROBERT A
Address: 1221 AIRPORT RD., STE. 207
City-St-Zip: DESTIN, FL 32541

Title: D (X) Delete
Name: GRAHAM, JILL R
Address: 1221 AIRPORT RD., STE. 207
City-St-Zip: DESTIN, FL 32541

Title: D (X) Delete
Name: CARPENTER, MICHELLE
Address: 1221 AIRPORT RD., STE. 207
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, BRADFORD R
Address: 984 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRADFORD R DAVIS

PRES

04/19/2005

Electronic Signature of Signing Officer or Director

Date