

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000283

FILED
Apr 23, 2009
Secretary of State

Entity Name: TWIN LAKES TOWNHOMES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4400 HIGHWAY 20 E
SUITE 312
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5263
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-0921699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE
4400 HIGHWAY 20 E
SUITE 312
NICEVILLE, FL 32578 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: PD () Delete
Name: DAVIS, BRADFORD
Address: 984 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541 US

Title: VD () Delete
Name: RODRIGUEZ, CATHERINE
Address: 419 TWIN LAKES LANE
City-St-Zip: DESTIN, FL 32541 US

Title: SD () Delete
Name: DEPTULA, VIRGINIA
Address: 419 TWIN LAKES LANE
City-St-Zip: DESTIN, FL 32541 US

Title: TD () Delete
Name: PETRAROI, JANET
Address: 1056 B GILMORE HILL RD
City-St-Zip: LEBANON, TN 37087 US

Title: D (X) Delete
Name: KEIRNAN, TOM
Address: 1696 CALLE BONITA
City-St-Zip: PENSACOLA BEACH, FL 32561 US

Title: D (X) Delete
Name: GALLANDER, KEN
Address: 403 TWIN LAKES LANE
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GALLANDER, KENRICK
Address: 403 TWIN LAKES LN
City-St-Zip: DESTIN, FL 32541 US

Title: D (X) Change () Addition
Name: RODRIGUEZ, CATHERINE
Address: 419 TWIN LAKES LANE
City-St-Zip: DESTIN, FL 32541 US

Title: SD (X) Change () Addition
Name: KIERNAN, THOMAS
Address: 1696 CALLE BONITA
City-St-Zip: PENSACOLA BEACH, FL 32561 US

Title: VTD (X) Change () Addition
Name: PETRAROI, JANET
Address: 1056 B GILMORE HILL RD
City-St-Zip: LEBANON, TN 37087 US

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 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: KENRICK GALLANDER

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date