


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-27-2006 90274 014 ****61.25

DOCUMENT # N10671

1. Entity Name
THE LAKE FOREST TWIN LAKES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**4020 SW 33RD STREET
 HOLLYWOOD, FL 33023 US** **4020 SW 33RD STREET
 HOLLYWOOD, FL 33023 US**

bb009128



02222008 No Chg-NP CR2E037 (11/05)

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4. FEI Number
NOT APPLICABLE

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

App'd For
 Not Applicable

8. Name and Address of Current Registered Agent

**FYFFE, SHARON M
 4020 SW 33RD STREET
 HOLLYWOOD, FL 33023**

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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 of the current registered agent as with this case. If the registered agent is a corporation, the signature of the president or other officer authorized to execute this statement. Date.

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD FYFFE, SHARON M 4020 SW 33RD STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY ST ZIP	V BAPTY, MARY 3320 SW 40TH AVE HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY ST ZIP	T ESHLEMAN, HELEN C 4030 SW 33 ST. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY ST ZIP	S MARTIN, SYLVINE 4629 SW 31 DR. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY ST ZIP	D JONAS, VICKIE 3832 SW 33RD CT HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY ST ZIP	D WAGNER, MELBA 4031 SW 31ST DR HOLLYWOOD, FL 33023

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12. I hereby certify that the information submitted 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 subsequent 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 a other I am empowered.

SIGNATURE: Sharon Fyffe, president
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date