


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90104 022 \*\*\*\*61.25

**DOCUMENT # N10671**

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



Principal Place of Business 4020 SW 33RD STREET HOLLYWOOD, FL 33023 US	Mailing Address 4020 SW 33RD STREET HOLLYWOOD, FL 33023 US
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-NP CR2E037 (4/08)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIE DAVIS 4649 SW 31st Dr HOLLYWOOD FL 33023

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12. I hereby certify that the information supplied 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 supplemental 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 all other like empowered.

**SIGNATURE:** Sharon Fyffe 4-11-08 954-963-7745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #