

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10671

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

4020 SW 33RD STREET
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

4020 SW 33RD STREET
HOLLYWOOD, FL 33023 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FYFFE, SHARON M
4020 SW 33RD STREET
HOLLYWOOD, FL 33023 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: FYFFE, SHARON M
Address: 4020 SW 33RD STREET
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: V () Delete
Name: BAPTY, MARY
Address: 3320 SW 40TH AVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: T () Delete
Name: ESHLEMAN, HELEN C
Address: 4030 SW 33 ST.
City-St-Zip: HOLLYWOOD, FL 33023

Title: S () Delete
Name: MARTIN, SYLVINE
Address: 4629 SW 31 DR.
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: DAVIS, MARIE
Address: 4649 SW 31ST DRIVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: WAGNER, MELBA
Address: 4031 SW 31ST DR
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SHARON FYFFE

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date