

ANNUAL REPORT  
1995

Division of Corporations  
Secretary of State

FILED

DOCUMENT # **N45480** (3)  
1. Corporation Name  
**TWOLI RIDGE HOMEOWNERS ASSOCIATION, INC.**

95 MAY -1 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4701 OLD HWY 98** **PO BOX 6417**  
**STE C102B** **DESTIN FL 32541**  
**DESTIN FL 32541** **US**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/04/1991** 3a. Date of Last Report **02/28/1994**  
4. FEI Number **59-3124585** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1096 Old Highway 98** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite C-102B** 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUCKETT, JOHN E**  
**4701 OLD HWY 98**  
**STE C102B**  
**DESTIN FL 32541**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1096 Old Highway 98**  
83 **Suite C-102B**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.066 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.065, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and his title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/24/95

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>PASQUARELLO, VINCENT</b>
STREET ADDRESS	<b>5311 TIVOLI RIDGE - SANDESTIN</b>
CITY-ST-ZIP	<b>DESTIN FL</b>
TITLE	<b>DV</b>
NAME	<b>GATTI, ANTHONY J</b>
STREET ADDRESS	<b>4181 THUNDERBIRD DR</b>
CITY-ST-ZIP	<b>MARIETTA GA</b>
TITLE	<b>DT</b>
NAME	<b>SMITH, HUGH H</b>
STREET ADDRESS	<b>4251 BEACHSIDE TWO</b>
CITY-ST-ZIP	<b>DESTIN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vincent Pasquarello President 4/26/95  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Title) (Date)