

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008796		
1. Entity Name DAYTONA TWIN OAKS HOMEOWNER'S ASSOCIATION, INC.		
Principal Place of Business 118 E STUART AVE LAKE WALES, FL 33853	Mailing Address 118 E STUART AVE LAKE WALES, FL 33853	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BOSSARTE, LAWRENCE A 118 E STUART AVE LAKE WALES, FL 33853		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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) 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	D BOSSARTE, LAWRENCE A 3371 HARBOR BEACH DR LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENNEDY, THOMAS 2981 PLANTATION RD WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOSSARTE, CHERYL W 3371 HARBOR BEACH DR LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Cheryl W. Bossarte</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-11-06</u> Daytime Phone # <u>863-674-1850</u>



01112006 No Chg-NP CR2EQ37 (11/05)

4. FEI Number 37-1511002	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

01/17/2006-80056-024 61.25

**DO NOT WRITE
IN THIS SPACE**