

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 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**



01182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1511002

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

000000536460
01/23/07-80079-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Lawrence A Bossarte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07 863 679-1850
Date Daytime Phone #