



# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 726351</b> 1. Entity Name <b>TWIN LAKES SOUTH CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> <b>07 AUG 27 PM 3: 28</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>6531 SOUTH EAST FEDERAL HIGHWAY ATTN: CLUBHOUSE STUART, FL 34997</b>				Mailing Address <b>6531 SOUTH EAST FEDERAL HIGHWAY ATTN: CLUBHOUSE STUART, FL 34997</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		08162007 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-1802165</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip	Country	Zip	Country				
<b>6. Name and Address of Current Registered Agent</b> ROSS, DEBORAH L 759 SOUTH FEDERAL HIGHWAY SUITE 212 STUART, FL 34994				<b>7. Name and Address of New Registered Agent</b> Name <u>William Weber</u> Street Address (P.O. Box Number is Not Acceptable) <u>1304 SW Bayshore Blvd</u> City <u>Port St. Lucie</u> <b>FL</b> Zip Code <u>34983</u>			
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 <u>William Weber</u> <span style="float: right;">8-20-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLACK, PETER 6531 SE FEDERAL HWY., J-201 STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARY Winslow 6531 SE FED. HWY K-105 STUART, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILMON, JANE 6531 SE FEDERAL HWY STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/8/29	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGLIESE, ANDREW 5631 SE FEDERAL HWY #G102 STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Eileen Stuehler 6531 SE FED. HWY K106 STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINT, DONALD 6531 S.E. FEDERAL HWY STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400109132144 09/06/07--01028--012 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOLDUC, RAYMOND 6531 SE FEDERAL HWY #L105 STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIMMINS, EDWARD 6531 SE FEDERAL HWY #5203 STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, without other like empowered.							
<b>SIGNATURE:</b> <u>Eileen Stuehler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>8/24/07</u>		Daytime Phone #	