FILED
Mar 20, 2008 8:00 am
Secretary of State
01-25-2008 90038 046 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

1/
1/2

DOCUMENT # P95000025354

1. Entity Name
TWIN PONDS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 250725 HOLLY HILL, FL 32125-0725	P.O. BOX 250725 HOLLY HILL, FL 32125-0725

DO NOT WRITE IN THIS SPACE

011S2008 No Chg-P CR2E034 (11/06)

4. FEI Number
59-3365107
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DURRANCE, BARBARA C
407 AIRPORT ROAD
ORMOND BEACH, FL 32174

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: Barbara C. Durrance (Treas.) 2/27-08
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when changing. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DURRANCE, CLAY M
STREET ADDRESS	P.O. BOX 250725 N/A
CITY-ST-ZIP	HOLLY HILL, FL 321250725
TITLE	SD
NAME	DURRANCE, DENNIS
STREET ADDRESS	P.O. BOX 250725 N/A
CITY-ST-ZIP	HOLLY HILL, FL 321250725
TITLE	TD
NAME	DURRANCE, BARBARA C
STREET ADDRESS	P.O. BOX 250725 N/A
CITY-ST-ZIP	HOLLY HILL, FL 321250725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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: Barbara Durrance 2-17-08 (386) 258-5440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #