2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706568

Entity Name: TWIN OAK POND ASSOCIATION INC

Current Principal Place of Business:

5237 WINDING WAY SARASOTA, FL 34242

Current Mailing Address:

5237 WINDING WAY SARASOTA. FL 34242 US

FEI Number: 05-0062205 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HENDERSON, CAROL ANN 5237 WINDING WAY SARASOTA, FL 34242 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Jan 11, 2015

Secretary of State

CC9475596238

Officer/Director Detail:

TITIE TREASURER TITIE DIRECTOR	Title	TREASURER	Title	DIRECTOR
--------------------------------	-------	-----------	-------	----------

NameHENDERSON, CAROL ANNNameGREENBAUM, TARAAddress5237 WINDING WAYAddress5222 WINDING WAYCity-State-Zip:SARASOTA FL 34242City-State-Zip:SARASOTA FL 34242

Title VP Title DIRECTOR

NameHENDERSON, MARTIN LNameCARTER, ALISONAddress5237 WINDING WAYAddress5215 WINDING WAYCity-State-Zip:SARASOTA FL 34242City-State-Zip:SARASOTA FL 34242

Title SECRETARY Title PRESIDENT

NameGORDON, BRYANNameBALLANCE, RYANAddress5235 WINDING WAYAddress5255 WINDING WAYCity-State-Zip:SARASOTA FL 34242City-State-Zip:SARASOTA FL 34242

Title DIRECTOR Title DIRECTOR WHITE, NANCY Name GOMEZ, JAIME Name 5220 WINDING WAY Address 5200 WINDING WAY Address City-State-Zip: SARASOTA FL 34242 SARASOTA FL 34242 City-State-Zip:

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL ANN HENDERSON TREASURER 01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name STAPLES, MARCIA

Address 5245 WINDING WAY

City-State-Zip: SARASOTA FL 34242

Title DIRECTOR

Name CASILLAS, CRAIG Address 5206 WINDING WAY

City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name STEIN, EMY

Address 5233 WINDING WAY
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name BRITT, SANDY

Address 5232 WINDING WAY
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR

Name GOLDING, SANDRA
Address 5207 WINDING WAY
City-State-Zip: SARASOTA FL 34242