## 2016 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

### Name and Address of Current Registered Agent:

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

FILED Jan 23, 2016

Secretary of State

CC8157756335

Date

Certificate of Status Desired: Yes

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

### **Officer/Director Detail :**

Title	TREASURER	Title	DIRECTOR
Name	HENDERSON, CAROL ANN	Name	GREENBAUM, TARA
Address	5237 WINDING WAY	Address	5222 WINDING WAY
City-State-Zip:	SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242
Title	PRESIDENT	Title	DIRECTOR
Name	HENDERSON, MARTIN L	Name	CARTER, ALISON
Address	5237 WINDING WAY	Address	5215 WINDING WAY
City-State-Zip:	SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR BALLANCE, RYAN	Title Name	DIRECTOR GOMEZ, JAIME
Name	BALLANCE, RYAN 5255 WINDING WAY	Name	GOMEZ, JAIME
Name Address	BALLANCE, RYAN 5255 WINDING WAY	Name Address	GOMEZ, JAIME 5200 WINDING WAY
Name Address City-State-Zip:	BALLANCE, RYAN 5255 WINDING WAY SARASOTA FL 34242	Name Address City-State-Zip:	GOMEZ, JAIME 5200 WINDING WAY SARASOTA FL 34242
Name Address City-State-Zip: Title	BALLANCE, RYAN 5255 WINDING WAY SARASOTA FL 34242 DIRECTOR	Name Address City-State-Zip: Title	GOMEZ, JAIME 5200 WINDING WAY SARASOTA FL 34242 SECRETARY
Name Address City-State-Zip: Title Name Address	BALLANCE, RYAN 5255 WINDING WAY SARASOTA FL 34242 DIRECTOR WHITE, NANCY	Name Address City-State-Zip: Title Name	GOMEZ, JAIME 5200 WINDING WAY SARASOTA FL 34242 SECRETARY STAPLES, MARCIA 5245 WINDING WAY

## 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

01/23/2016

Electronic Signature of Signing Officer/Director Detail

Date

## **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	BRITT, SANDY	Name	GORDON, BRYAN
Address	5232 WINDING WAY	Address	5235 WINDING WAY
City-State-Zip	: SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242
Title	DIRECTOR	Title	DIRECTOR
Name	MARTIN, CATHERINE	Name	STEIN, EMY
Address	5226 WINDING WAY	Address	5233 WINDING WAY
City-State-Zip	: SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242
Title	VP		
Name	BRITT, TREBOR		
Address	5232 WINDING WAY		

City-State-Zip: SARASOTA FL 34242