

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706568

**Entity Name:** TWIN OAK POND ASSOCIATION INC

**Current Principal Place of Business:**

5235 WINDING WAY  
SARASOTA, FL 34242

**Current Mailing Address:**

5235 WINDING WAY  
SARASOTA, FL 34242 US

**FEI Number:** 05-0062205

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHRISTOPHER, WILKINSON  
5207 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:** CHRISTOPHER WILKINSON

09/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           WILKINSON, CHRISTOPHER  
Address        5207 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

Title           SECRETARY  
Name           KIEVIT, CINDI  
Address        5246 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

Title           DIRECTOR  
Name           POKORSKI, SHANNON  
Address        5245 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

Title           DIRECTOR  
Name           BRITT, SANDY  
Address        5232 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

Title           PRESIDENT  
Name           GORDON, BRYAN  
Address        5235 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

Title           VICE PRESIDENT  
Name           WILKINSON, CHRISTOPHER  
Address        5207 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

Title           DIRECTOR  
Name           COHEN, NANCY  
Address        5239 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

Title           DIRECTOR  
Name           ARAVENA, GERMAN  
Address        5221 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

*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:** CHRISTOPHER WILKINSON

VICE PRESIDENT

09/22/2023

Electronic Signature of Signing Officer/Director Detail

Date