

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# 706568

**Mar 23, 2020**

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

**Secretary of State**

**6761285419CC**

**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

**Officer/Director Detail :**

Title           TREASURER  
Name           HENDERSON, CAROL ANN  
Address        5237 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           WHITE, NANCY  
Address        5220 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

Title           DIRECTOR  
Name           DIRUZZA, JESSICA  
Address        5208 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

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

**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**

**03/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DIRUZZA, TRAVIS  
Address        5208 WINDING WAY  
City-State-Zip: SARASOTA FL 34242

Title           DIRECTOR  
Name           LYNCH, AMBER  
Address        5254 WINDING WAY  
City-State-Zip: SARASOTA FL 34242