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.

PRESIDENT

SIGNATURE: THOMAS KIERNAN

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: DESTIN FL 32541

Entity Name: TWIN LAKES TOWNHOMES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4608 OPA LOCKA LANE SUITE 300 DESTIN, FL 32541

Current Mailing Address:

4608 OPA LOCKA LANE SUITE 300 DESTIN, FL 32541 US

FEI Number: 20-0921699

Name and Address of Current Registered Agent:

SOUTHERN ASSOCIATION MANAGEMENT 4608 OPA LOCKA LANE SUITE 300 DESTIN, FL 32541 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	E: THOMAS KIERNAN			03/25/2014
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	VP	Title	T, SECRETARY	
Name	KIERNAN, THOMAS	Name	PETRAROI, JANET	
Address	4608 OPA LOCKA LANE SUITE 300	Address	4608 OPA LOCKA LANE SUITE 300	
City-State-Zip:	DESTIN FL 32541	City-State-Zip:	DESTIN FL 32541	
Title	PRESIDENT			
Name	DAVIS, BRAD			
Address	4608 OPA LOCKA LANE SUITE 300			

Certificate of Status Desired: No

03/25/2014

Date

FILED Mar 25, 2014 Secretary of State CC9071023004