

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000283

**FILED
Mar 12, 2018
Secretary of State
CC2915811635**

Entity Name: TWIN LAKES TOWNHOMES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O SOUTHERN ASSOCIATION MANAGEMENT
36468 EMERALD COAST PARKWAY SUITE 7102
DESTIN, FL 32541

Current Mailing Address:

C/O SOUTHERN ASSOCIATION MANAGEMENT
36468 EMERALD COAST PARKWAY SUITE 7102
DESTIN, FL 32541 US

FEI Number: 20-0921699

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTHERN ASSOCIATION MANAGEMENT
C/O SOUTHERN ASSOCIATION MANAGEMENT
36468 EMERALD COAST PARKWAY SUITE 7102
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: THOMAS KIERNAN

03/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name GRANA, RICHARD
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

Title T, SECRETARY
Name PETRAROI, JANET
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

Title PRESIDENT
Name DAVIS, BRAD
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name KIERNAN, TOM
Address C/O SOUTHERN ASSOCIATION
MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
City-State-Zip: DESTIN FL 32541

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: BRAD DAVIS

PRESIDENT

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date