

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000283

Entity Name: TWIN LAKES TOWNHOMES COMMUNITY ASSOCIATION, INC.**FILED**
Mar 05, 2020
Secretary of State
3803310741CC**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

03/05/2020

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	PRESIDENT
Name	DAVIS, BRAD
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	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**

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date