

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000283

**Entity Name:** TWIN LAKES TOWNHOMES COMMUNITY ASSOCIATION, INC.**FILED**  
**Apr 20, 2022**  
**Secretary of State**  
**9857269725CC****Current Principal Place of Business:**C/O SOUTHERN ASSOCIATION MANAGEMENT  
36468 EMERALD COAST PARKWAY SUITE2101  
DESTIN, FL 32541**Current Mailing Address:**C/O SOUTHERN ASSOCIATION MANAGEMENT  
36468 EMERALD COAST PARKWAY SUITE2101  
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 SUITE2101  
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

04/20/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DAVIS, BRAD  
Address C/O SOUTHERN ASSOCIATION  
MANAGEMENT  
36468 EMERALD COAST PARKWAY  
SUITE 2101  
City-State-Zip: DESTIN FL 32541

Title DIRECTOR  
Name KIERNAN, TOM  
Address C/O SOUTHERN ASSOCIATION  
MANAGEMENT  
36468 EMERALD COAST PARKWAY  
SUITE 2101  
City-State-Zip: DESTIN FL 32541

Title PRESIDENT  
Name TORRES, AMIE  
Address C/O SOUTHERN ASSOCIATION  
MANAGEMENT  
36468 EMERALD COAST PARKWAY  
SUITE 2101  
City-State-Zip: DESTIN FL 32541

Title TREASURER  
Name SHARON, TOM  
Address C/O SOUTHERN ASSOCIATION  
MANAGEMENT  
36468 EMERALD COAST PARKWAY  
SUITE 2101  
City-State-Zip: DESTIN FL 32541

Title SECRETARY  
Name SIESSER, NICK  
Address C/O SOUTHERN ASSOCIATION  
MANAGEMENT  
36468 EMERALD COAST PARKWAY  
SUITE 2101  
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:** TORRES , AMIE

PRESIDENT

04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date