

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707279** (6)

1. Corporation Name

TWIN LAKES RESIDENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**131 NORTH TWIN LAKES RD
COCOA FL 32926**

**131 NORTH TWIN LAKES RD
COCOA FL 32926**

3. Date Incorporated or Qualified
05/12/1964

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2364175

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWNING, WARREN J. (MR)
131 NORTH TWIN LAKES ROAD
COCOA FL 32926**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Warren J. Browning

(NOTE: Registered Agent signature required when retreating)

27 January 1996

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **OLEEN, JUDITH A.**
STREET ADDRESS **113 S TWIN LAKES RD**
CITY-ST-ZIP **COCOA FL**

TITLE **VD** ☐ DELETE
NAME **LEET, JOE**
STREET ADDRESS **130 S TWIN LAKES RD**
CITY-ST-ZIP **COCOA, FL 00000**

TITLE **SD** ☒ DELETE
NAME **RUSSELL-FERNANDEZ, KATHY**
STREET ADDRESS **114 S TWIN LAKES RD**
CITY-ST-ZIP **COCOA, FL 00000**

TITLE **TD** ☐ DELETE
NAME **BROWNING, WARREN**
STREET ADDRESS **131 N TWIN LAKES RD**
CITY-ST-ZIP **COCOA, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **HANDS, REX**
1.3 STREET ADDRESS **143 N TWIN LAKES RD**
1.4 CITY-ST-ZIP **COCOA FL 32926**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **AGID, MARIA**
3.3 STREET ADDRESS **114 S TWIN LAKES RD**
3.4 CITY-ST-ZIP **COCOA FL 32926**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rex Hands
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/96

Date

407 639 2801

Daytime Phone #

CR2E037 (12/95)