


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90009 004 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 707279					
1. Corporation Name TWIN LAKES RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 131 NORTH TWIN LAKES RD COCOA FL 32926			Mailing Address 131 NORTH TWIN LAKES RD COCOA FL 32926		
2. Principal Place of Business 21 N/A		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/12/1964	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2364175	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BROWNING, WARREN J. (MR) 131 NORTH TWIN LAKES ROAD COCOA FL 32926			10. Name and Address of New Registered Agent 81 Name N/A 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 N/A (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANDS, REX		1.2 NAME		
STREET ADDRESS	143 NORTH TWIN LAKES ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEET, JOE		2.2 NAME		
STREET ADDRESS	130 S TWIN LAKES RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AGID, MARIA		3.2 NAME		
STREET ADDRESS	114 SOUTH TWIN LAKES ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWNING, WARREN		4.2 NAME		
STREET ADDRESS	131 N TWIN LAKES RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 00000		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-99 47-639-2981
Date Daytime Phone #

CRZE037 (11/98)