

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707279

1. Entity Name

TWIN LAKES RESIDENTS ASSOCIATION, INC.

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90317 027 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME HANDS, REX
STREET ADDRESS 143 NORTH TWIN LAKES ROAD
CITY-ST-ZIP COCOA FL

☐ Delete

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

☐ Delete

TITLE SD
NAME AGID, MARIA
STREET ADDRESS 114 SOUTH TWIN LAKES ROAD
CITY-ST-ZIP COCOA FL

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 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

3-1-01 321-639-2981

Date

Daytime Phone #

CR2E037 (10/00)