

2002 **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90322 041 ****61.25

DOCUMENT # 707279

1. Entity Name

Twin Lakes Residents Assoc. Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

113 S. Twin Lakes Rd.

3. Mailing Address

113 S. Twin Lakes Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Cocoa, Florida

City & State
 Cocoa, Florida

4. FEI Number

N/A

Applied For

☒ Not Applicable

Zip
 32926

Country
 USA

Zip
 32926

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

H. William Oleen

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

113 S. Twin Lakes Rd

City

Cocoa

FL

Zip Code

32926

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

FEE IS \$61.25

Initial or Amended UBR

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 Brad Missimer
 128 N. Twin Lakes Rd.
 Cocoa, FL 32926

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Vice President
 Terri Pentz
 123 N. Twin Lakes Rd.
 Cocoa, FL 32926

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Secretary
 Maria Agid
 114 S. Twin Lakes Rd.
 Cocoa, FL 32926

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Treasurer
 Bill Oleen
 113 S. Twin Lakes Rd.
 Cocoa, FL 32926

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

**DO NOT WRITE
 IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. William Oleen

4/9/2002

Daytime Phone #

(321) 867-4592