

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707279

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

**Entity Name:** TWIN LAKES RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

113 S. TWIN LAKES RD  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

113 S. TWIN LAKES RD  
COCOA, FL 32926

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLEEN, H. WILLIAM  
113 S. TWIN LAKES RD  
COCOA, FL 32926 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MISSIMER, BRAD  
Address: 128 N TWIN LAKES RD  
City-St-Zip: COCOA, FL 32926

Title: DV  
Name: PENTZ, TERRI  
Address: 123 N TWIN LAKES RD  
City-St-Zip: COCOA, FL 32926

Title: SD  
Name: PARKER, MICHELLE  
Address: 142 N TWIN LAKES RD  
City-St-Zip: COCOA, FL 32926

Title: TD  
Name: OLEEN, BILL  
Address: 113 S TWIN LAKES RD  
City-St-Zip: COCOA, FL 32926

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: H. WILLIAM OLEEN

TD

01/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date