2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-16-2007 90028 031 ****61.25

DOCUMENT # 720396

1. Entity Name

TWIN LAKES VILLAGE FIRST, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5402 CHAD PL. NEW PORT RICHEY FL 34652	5402 CHAD PL. NEW PORT RICHEY FL 34652

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1680029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FROST, HOMER C 5401 PALM DR NEW PORT RICHEY FL 34652	Name Street Address (P.O. Box Number is Not Accepiable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ann B. Wessman, Treas 1-19-07
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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P FROST, HOMER C 5401 PALM DR N. PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ANDERSON, GUNNAR 5434 CHAD PL #5 NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP DIRECTOR ROBERT MUNSEN 5403 PALM DR N.P. RICHEY, FLA.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FINK, BARBARA ~~CORNELIUS, JERRY~~ 4921 EUCLID AV ~~5423 PALM DR.~~ NEW PORT RICHEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP DIRECTOR FINK, BARBARA 4921 EUCLID AV N.P. RICHEY FL.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DVP LENTZ, DONALD 5431 PALM DR. NEW PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BACHMAN, JOHN 5417 PALM DR NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD WESSMAN, ANN 4931 EUCLID AVE NEW PORT RICHEY FL	☐ Delete	TITLE ADD / NAME / STREET ADDRESS / CITY ST ZIP SECRETARY PATRICIA LOWTHER 5407 PALM DR N.P. Richey Fl.	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: ~~[illegible]~~ ANN B. WESSMAN, TREAS Ann B. Wessman 1-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #