

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720396

FILED
Feb 24, 2009
Secretary of State

Entity Name: TWIN LAKES VILLAGE FIRST, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5402 CHAD PL.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5402 CHAD PL.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-1680029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROST, HOMER C
5401 PALM DR
NEW PORT RICHEY, FL 34652 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 () Delete
Name: FROST, HOMER C
Address: 5401 PALM DR
City-St-Zip: N. PORT RICHEY, FL

Title: D () Delete
Name: MUNSEN, ROBERT
Address: 5403 PALM DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: FINK, BARBARA
Address: 4921 EUCLID AVE
City-St-Zip: NEW PORT RICHEY, FL

Title: D () Delete
Name: LENTZ, DONALD
Address: 5421 PALM DR
City-St-Zip: NEW PORT RICHEY, FL

Title: DVP () Delete
Name: BACHMAN, JOHN
Address: 5417 PALM DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: WESSMAN, ANN
Address: 4931 EUCLID AVE
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HOMER C. FROST

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date