

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90088 047 \*\*\*\*61.25

**DOCUMENT # 732886**

1. Entity Name  
TWIN PALM APARTMENTS ASSOCIATION, INC.



Principal Place of Business  
279 SOUTH BREVARD AVE.  
COCOA BEACH, FL 32931

Mailing Address  
279 SOUTH BREVARD AVE.  
COCOA BEACH, FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1654349

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

KOLSCH, HENRY O.  
279 SOUTH BREVARD AVE  
COCOA BEACH, FL 32931

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

TITLE PD ☒ Delete  
NAME SPARKS, TIM  
STREET ADDRESS 2508 LAGRANDE ST.  
CITY-ST-ZIP HUNTSVILLE, AL 35801

TITLE D ☐ Delete  
NAME GLOVAS, JOSEPH  
STREET ADDRESS 277 S. BREVARD AVE. #3  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ST ☐ Delete  
NAME KOLSCH, HENRY  
STREET ADDRESS 279 SOUTH BREVARD AVE.  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE VD ☒ Delete  
NAME MCROBERTS, JEFFREY  
STREET ADDRESS 429 HEATHROW CIRCLE  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME Randall Smith  
STREET ADDRESS 3031 South Atlantic Ave  
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE D ☐ Change ☒ Addition  
NAME Regina Caccamo  
STREET ADDRESS 2920 NE 8th Terrace, Unit 103  
CITY-ST-ZIP Oakland Park, FL 33334-6613

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:

*Henry Kolsch*  
Sec/Treas

41105

321-960-2816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #