

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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**



04272006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1654349

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLOVAS, JOSEPH 277 S. BREVARD AVE. #3 COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOLSCH, HENRY 279 SOUTH BREVARD AVE. COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, RANDALL 3031 S ATLANTIC AVE COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCCAMO, REGINA 2920 NE 8TH TERR UNIT 103 OAKLAND, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

100000550368
05/13/06-80057-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Henry Kolsch
Sec/Treas. 4/27/06 321-960-2816