

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732886

FILED
Feb 18, 2009
Secretary of State

Entity Name: TWIN PALM APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

279 SOUTH BREVARD AVE.
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

279 SOUTH BREVARD AVE.
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-1654349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLSCH, HENRY O
279 SOUTH BREVARD AVE
COCOA BEACH, FL 32931 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: PD () Delete
Name: GLOVAS, JOSEPH
Address: 277 S. BREVARD AVE. #3
City-St-Zip: COCOA BEACH, FL 32931

Title: ST () Delete
Name: KOLSCH, HENRY
Address: 279 SOUTH BREVARD AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: VD () Delete
Name: TOMPKINS, STEVE
Address: 275 BREVARD AVE. # 4
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: COCCAMO, REGINA
Address: 2920 NE 8TH TERR UNIT 103
City-St-Zip: OAKLAND, FL 33334

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: D (X) Change () Addition
Name: COCCAMO, REGINA
Address: 277 S. BREVARD AVE. #2
City-St-Zip: COCOA BEACH, FL 32931

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: HENRY O. KOLSCH

ST

02/18/2009

Electronic Signature of Signing Officer or Director

Date