



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90082 044 ****61.25

DOCUMENT # 735575 1. Entity Name TWIN OAKS VILLAS OF BROWARD COUNTY ASSOCIATION, INC.					
Principal Place of Business 5000 S.W. 40 AVENUE FT LAUDERDALE, FL 33314			Mailing Address 5000 S.W. 40 AVENUE FT LAUDERDALE, FL 33314		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">40075807</div> 	
City & State		City & State		02262007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-1891755	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRANIE, FAY 5046 SW 40TH AVENUE FORT LAUDERDALE, FL 33314				7. Name and Address of New Registered Agent 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 <u><i>Fay Granie, President</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GRANIE, FAY 5046 SW 40TH AVENUE FT LAUDERDALE, FL 33314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SHAHMOROF, TOMER 5024 SW 40TH AVE FORT LAUDERDALE, FL 33314 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Young, Tom 5042 SW 40th Ave Fort Lauderdale, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MITZARCHI, ROBYN 5026 SW 40TH AVENUE FT. LAUDERDALE, FL 33314 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Vaughn, Gail 5004 SW 40th Ave Fort Lauderdale, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITTEN, BRUCE 5048 SW 40TH AVENUE FT LAUDERDALE, FL 33314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Shoelton, Mitchell 5022 SW 40th Ave Fort Lauderdale, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALEANO, GUS 5038 SW 40TH AVENUE FT LAUDERDALE, FL 33314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, CHARMAINE 5030 SW 40TH AVENUE FORT LAUDERDALE, FL 33314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Fay Granie, President</i></u> 4/17/07 (954) 894-0766 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					