


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90049 004 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRANIE, FAY 5046 SW 40TH AVENUE FORT LAUDERDALE, FL 33314				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, 2008		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANIE, FAY		NAME		
STREET ADDRESS	5046 SW 40TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33314		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, TOM		NAME		
STREET ADDRESS	5042 SW 40TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAUGHN, GAIL		NAME		
STREET ADDRESS	5004 SW 40TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33314		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITTEN, BRUCE		NAME		
STREET ADDRESS	5048 SW 40TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33314		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALEANO, GUS		NAME		
STREET ADDRESS	5038 SW 40TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33314		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, CHARMAINE		NAME		
STREET ADDRESS	5030 SW 40TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314		CITY-ST-ZIP		
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>Fay Granie Fay Granie, President</u> 4-14-08 (954) 894-0766					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					