


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 JUL -7 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	BM Shoelson, Mitchell 5022 SW 40th Avenue Fort Lauderdale, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM YOUNG, TOM 5042 SW 40TH AVE FORT LAUDERDALE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500132473385 07/08/08--01021--017 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM VAUGHN, GAIL 5004 SW 40TH AVE 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	VP WHITTEN, BRUCE 5048 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	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>Fay Granie</u> <u>Fay Granie, President</u> <u>4-14-08</u> <u>(954)894-0766</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

Fay Granie Fay Granie, President 4-22-08 (954)894-0766