2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735575

FILED Mar 30, 2009 Secretary of State

Entity Name: TWIN OAKS VILLAS OF BROWARD COUNTY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5000 S.W. 40 AVENUE FT LAUDERDALE, FL 33314

Current Mailing Address: New Mailing Address:

5000 S.W. 40 AVENUE FT LAUDERDALE, FL 33314

FEI Number: 59-1891755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRANIE, FAY 5046 SW 40TH AVENUE FORT LAUDERDALE, FL 33314 US

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.

III the State of Flor

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P/T (X) Change () Addition Name: GRANIE, FAY Name: GRANIE, FAY

 Address:
 5046 SW 40TH AVENUE
 Address:
 5046 SW 40TH AVENUE

 City-St-Zip:
 FT LAUDERDALE, FL 33314
 City-St-Zip:
 FT LAUDERDALE, FL 33314

Title: BM () Delete Title: () Change () Addition

 Name:
 YOUNG, TOM
 Name:

 Address:
 5042 SW 40TH AVE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33314
 City-St-Zip:

Title: BM () Delete Title: BM (X) Change () Addition

 Name:
 VAUGHN, GAIL
 Name:
 VAUGHAN, GAIL

 Address:
 5004 SW 40TH AVE
 Address:
 5004 SW 40TH AVE

City-St-Zip: FT. LAUDERDALE, FL 33314 City-St-Zip: FT. LAUDERDALE, FL 33314

 $\label{eq:total_control_control_control} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VP/T} \qquad \mbox{(X) Change () Addition}$

 Name:
 WHITTEN, BRÜCE
 Name:
 GALEANO, GÜSTAVO

 Address:
 5048 SW 40TH AVENUE
 Address:
 5038SW 40TH AVENUE

 City-St-Zip:
 FT LAUDERDALE, FL 33314
 City-St-Zip:
 FT LAUDERDALE, FL 33314

Title: T () Delete Title: BM (X) Change () Addition

 Name:
 GALEANO, GUS
 Name:
 SHOELSON, MITCHELL

 Address:
 5038 SW 40TH AVENUE
 Address:
 5022 SW 40TH AVENUE

 City-St-Zip:
 FT LAUDERDALE, FL 33314
 City-St-Zip:
 FT LAUDERDALE, FL 33314

Title: S () Delete Title: () Change () Addition

 Name:
 THOMAS, CHARMAINE
 Name:

 Address:
 5030 SW 40TH AVENUE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33314
 City-St-Zip:

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: FAY GRANIE P 03/30/2009