FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 739915 (7)

1. Corporation Name
TWIN TOWERS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2020 N. ATLANTIC AVENUE COCOA BEACH FL 32931	2020 N. ATLANTIC AVENUE COCOA BEACH FL 32931

3. Date Incorporated or Qualified: 08/15/1977
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1893920 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PAULK, GEORGE T., II
1980 NORTH ATLANTIC AVENUE, SUITE 603
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: Michael S. Minot
82 Street Address (P.O. Box Number is Not Acceptable): 319 River Edge Blvd. Suite 218
83
84 City: Cocoa **FL** 85 Zip Code: 32922

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 2/24/95
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VD~~ P/D	1.1 TITLE	V/D ☐ Change ☐ Addition
NAME	GILLEY, PHILLIP	1.2 NAME	Barry, Joyce
STREET ADDRESS	2020 N. ATLANTIC AVENUE	1.3 STREET ADDRESS	2020 N. Atlantic Ave.
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	VANWAGENEN, ADELAIDE	2.2 NAME	
STREET ADDRESS	2020 N ATLANTIC AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	~~PD~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~FOEHRENBACH, HERBERT R.~~	3.2 NAME	
STREET ADDRESS	~~2020 N. ATLANTIC AVE.~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~COCOA BEACH FL~~	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BATES, THELMA	4.2 NAME	
STREET ADDRESS	2020 N ATLANTIC AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	~~TD~~	5.1 TITLE	☐ Change ☐ Addition
NAME	~~HEATON, JAMES~~	5.2 NAME	
STREET ADDRESS	~~2020 N ATLANTIC AVE~~	5.3 STREET ADDRESS	3-17-95 MB
CITY-ST-ZIP	~~COCOA BCH, FL 00000~~	5.4 CITY-ST-ZIP	
TITLE	T/D	6.1 TITLE	☐ Change ☐ Addition
NAME	McCain, George	6.2 NAME	
STREET ADDRESS	2020 N. Atlantic Ave.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Cocoa Beach, FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adelaide Van Wagenen
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038888