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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 739915 (7) TWIN TOWERS HOMEOWNERS ASSOCIATION, INC.							 			Bidio didipidade	
Principal Place	e of Business	Mailir	ng Address		<del></del> .						
	ANTIC AVENUE ICH FL 32931		2020 N. ATLANTIC AVENUE COCOA BEACH FL 32931								
							3. Date Incorporated or Qualified 08/15/1977	3a. Date o			
. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number		17/1	Applied For	
		26		-1-4			59-1893920		$\rightarrow$	Not Applicable	
Suite, Apt.	#, etc.	27 S	Suite, Apt. #, etc.				5. Certificate of Status Desired	_ <b>\$</b>		Additional	
City & Stat	ïe		City & State				6. Election Campaign Financing	<del></del>		Required  May Be	
<u></u>	····	28					Trust Fund Contribution			d to Fees	
Zip ]	Country 25	29 29	ip	<del></del>	intry		8. This corporation has liability for in		nders.	199.032,	
L	9. Name and Address of Curre		red Agent	30			Florida Statutes  10. Name and Address of New Re	Yes No	nt		
			· · · · · · · · · · · · · · · · · · ·		81 Nan	9					
	MICHAEL S				<b>82</b> Stree	t Addres	ss (P.O. Box Number is Not Acceptable	e)			
	er edge blvd.				83		, <u></u>				
SUITE 2	:18 . FL 32922				63						
OUGUA	I L SEBEE				84 City			FL 8	5 Zic	Code	
	to the provisions of Sections 617.050	02 and 617.1	508, Florida Statu	ites, the abo	,	corporat	tion submits this statement for the purp	oose of changin	a its re	egistered offic	
Pursuant or register familiar wi	-	CHOTTOTT.USA	os, rionda statute	15.	ve-named corporation		tion submits this statement for the purp of directors. I hereby accept the appo	oose of changin intment as regi	g its restered	egistered offic agent. I am	
Pursuant or register familiar will  GNATURE	to the provisions of Sections 617,050 red agent, or both, in the State of Fio fith, and accept the obligations of, Sec Signature, typed or printed name of registered age	ent and title if appli	icable (N	ites, the abouted by the obs.	ve-named corporation		when reinstating)	oose of changin intment as regi	<del>- 11</del>		
Pursuant i or register	Signature, typed or printed name of registered age  OFFICERS At	ent and title if appli	icable (N	iote: Registered	ve-named corporation			oose of changin intment as regi	ECTO		
1. Pursuant or register familiar wi	Signature, typed or printed name of registered age OFFICERS AT  VD BARRY, JOYCE	ent and title if appli ND DIRECTO	icable (N	OTE: Registered 13. 1.1 Ti 1.2 N	ve-named corporation Agent signatur ILE	PD BAI	when reinstating! ADDITIONS/CHANGES TO OFFIR RRY, JOYCE	DATE CERS AND DIR	ECTO	RS IN 12	
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SIGNATURE:

Me m. Barry J

VPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Joyce M. Barry, President 2/22/96 407 784-9782