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**Mar 11, 1999 8:00 am**
**Secretary of State**
03-11-1999 90184 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739915

1. Corporation Name
TWIN TOWERS HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2020 N. ATLANTIC AVENUE<br>COCOA BEACH FL 32931 | 2020 N. ATLANTIC AVENUE<br>COCOA BEACH FL 32931 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>08/15/1977 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1893920 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

BECKER, & P PA
500 WINDERLEY PLACE
SUITE 104
MAITLAND FL 32751

**10. Name and Address of New Registered Agent**

81 Name: L. Waldon Jones
82 Street Address (P.O. Box Number is Not Acceptable): 2020 N. Atlantic Avenue 217N
83: Cocoa Beach
84 City: **FL** 85 Zip Code: 32931

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: L. Waldon Jones — L. Waldon Jones — 3/8/99
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 | ☐ DELETE | 1.1 TITLE | Director | ☒ Change ☐ Addition |
| NAME | SCHRUM, DONALD | | 1.2 NAME | Schrum, Donald | |
| STREET ADDRESS | 2020 N. ATLANTIC AVENUE | | 1.3 STREET ADDRESS | 580 S. Brevard Ave. # 836 | |
| CITY-ST-ZIP | COCOA BEACH FL 32931 | | 1.4 CITY-ST-ZIP | Cocoa Beach FL 32931 | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GILLEY, JOAN | | 2.2 NAME | | |
| STREET ADDRESS | 2020 N ATLANTIC AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | PD/TD | ☒ Change ☐ Addition |
| NAME | HOUGHTON, VICTOR | | 3.2 NAME | Houghton, Victor | |
| STREET ADDRESS | 2020 N. ATLANTIC AVE. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH FL 32931 | | 3.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 4.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | BRIDGMAN, ELAINE | | 4.2 NAME | Bridgman, Elaine | |
| STREET ADDRESS | 2020 N ATLANTIC AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WAUCHTER, GERALD | | 5.2 NAME | | |
| STREET ADDRESS | 2020 N ATLANTIC AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCOA BEACH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing 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 with all other like empowered.

**SIGNATURE:** Gerald E. Wauchter — Gerald E. Wauchter — 3/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)