2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State **DOCUMENT # 739915** 1. Entity Name 05-06-2002 90217 031 ****61.25 TWIN TOWERS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2020 N. ATLANTIC AVENUE 2020 N. ATLANTIC AVENUE COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1893920 Not Applicable Country Zip Country -\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JONES, L W 2020 N ATLANTIC AVE 217N COCOA BEACH FL 32931 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01)TITLE ☐ Delete TITLE Addition MCCAIN, GEORGE NAME NAME 2020 N. ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP PD \overline{VD} TITLE Delete Change TITLE ☐ Addition GILLEY, JOAN NAME NAME STREET ADDRESS 2020 N ATLANTIC AVE STREET-ADDRESS: COCOA BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE Change Lamore, Ken MAYNARD, DAVID NAME 2020 A. Atlantic Ave 2020 N. ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 ocoa Beach FL 32931 CITY-ST-7IP Davidsen, Donald Denver Delete TITLE TITLE ☐ Change Addition BARRY, JOYCE NAME 2020 N ATLANTIC AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL CITY-ST-ZIP CITY-ST-ZIP Cocoa Beach TITLE ☐ Delete TITLE ☐ Addition WAUCHTER, GERALD NAME NAME 2020 N ATLANTIC AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P

George M. McCain 4/18/02