

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 739915	
1. Entity Name TWIN TOWERS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2020 N. ATLANTIC AVENUE COCOA BEACH FL 32931	Mailing Address 2020 N. ATLANTIC AVENUE COCOA BEACH FL 32931
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROFFEY, CURT 201 COCOA AVE. INDIALANTIC FL 32903	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE <u><i>Curt Broffey</i></u>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCCAIN, GEORGE	NAME	
STREET ADDRESS	2020 N. ATLANTIC AVENUE	STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL 32931	CITY - ST - ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUGHES, LINDA	NAME	
STREET ADDRESS	2020 N ATLANTIC AVE	STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL 32931	CITY - ST - ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STRONG, CAROL	NAME	
STREET ADDRESS	2020 N. ATLANTIC AVENUE	STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL 32931	CITY - ST - ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, DONALD	NAME	
STREET ADDRESS	2020 N. ATLANTIC AVENUE	STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL 32931	CITY - ST - ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WAUCHTER, GERALD	NAME	
STREET ADDRESS	2020 N ATLANTIC AVE	STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
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SIGNATURE: <u><i>George McCain</i></u>	3/4/04	321-783-2435
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