2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 01, 2005 8:00 am Secretary of State **DOCUMENT # 739915** 1. Entity Name 04-01-2005 90007 012 \*\*\*\*61.25 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-1893920 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROFFEY, CURT Box Number is Not Acceptable) 201 COCOA AVE INDIALANTIC FL 32903 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 agen SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TD ☐ Delete TITLE ☐ Change Addition TITLE MCCAIN, GEORGE NAME NAME 2020 N. ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP VD IIIIF □ Change Addition BILE Detete HUGHES, LINDA NAME NAME 2020 N ATLANTIC AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP SD Delete ☐ Change ■ Addition TITLE STRONG, CAROL Daniel. NAME 2020 N. ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS 2020 N. At 31 COCOA BEACH FL 32931 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITL F ☐ Addition DAVIDSON, DONALD NAME NAME 2020 N. ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition WAUCHTER, GERALD NAME NAME 2020 N ATLANTIC AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL CITY-ST-7IE CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z(P 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 as 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 of 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.

FILED