


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 745141 1. Entity Name TWIN HOMES VILLAGE II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2441 SW 11TH ST MIAMI, FL 33135 US	Mailing Address 2441 SW 11TH ST MIAMI, FL 33135 US
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMEJO, JOSE 2441 SW 11TH ST. MIAMI, FL 33135	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000949467 06/03/08-80030-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMEJO, JOSE 2441 SW 11TH ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, ENEIDA 2439 SW 11TH ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEZOS, ANTONIO 2461 SW 11TH ST MIAMI, FL 33135
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: E. Neida Martinez **5-1-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #