

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750443** (4)
1. Corporation Name
TWIN LAKES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 139 LAKE FRANCIS DR LAKE PLACID FL 33852 US	Mailing Address 139 LAKE FRANCIS DR LAKE PLACID FL 33852 US
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3. Date Incorporated or Qualified 12/31/1979
4. FEI Number 59-2762281
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 49 TWIN LAKES ROAD	2a. Mailing Address 28 PO BOX 2709
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 LAKE PLACID, FL 33852	City & State 28 LAKE PLACID, FL 33862
Zip 24 33852	Country 25 USA
Zip 29 33862	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent OWEN, HAROLD F 139 LAKE FRANCIS DR LAKE PLACID FL 33852	
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10. Name and Address of New Registered Agent	
81 Name BUCKNER, WILLIAM R.	
82 Street Address (P.O. Box Number is Not Acceptable) P O BOX 2709 - 49 Twin Lakes Rd	
83	
84 City LAKE PLACID	85 Zip Code FL 33862

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 **WILLIAM R. BUCKNER** *William R. Buckner* **1/10/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME OWEN, HAROLD F	
STREET ADDRESS 139 LAKE FRANCIS DR	
CITY-ST-ZIP LAKE PLACID FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME MINER, RALPH	
STREET ADDRESS 147 LAKE FRANCIS DR	
CITY-ST-ZIP LAKE PLACID FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME PENDLETON, PATRICIA	
STREET ADDRESS 468 LAKE FRANCIS RD	
CITY-ST-ZIP LAKE PLACID, FL 00000	
TITLE TD	<input type="checkbox"/> DELETE
NAME FALVEY, MILLICENT	
STREET ADDRESS 154 LAKE FRANCIS DRIVE	
CITY-ST-ZIP LAKE PLACID, FL 00000	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME BUCKNER, WILLIAM R.	
1.3 STREET ADDRESS PO BOX 2709 49 Twin Lakes Rd	
1.4 CITY-ST-ZIP LAKE PLACID, FL 33862	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME CONNELL, ROBERT	
2.3 STREET ADDRESS 40 TWIN LAKES ROAD	
2.4 CITY-ST-ZIP LAKE PLACID, FL 33852	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME WHITE, JANNETTE	
3.3 STREET ADDRESS 410 LAKE FRANCIS RD	
3.4 CITY-ST-ZIP LAKE PLACID, FL 33852	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **WILLIAM R. BUCKNER** *William R. Buckner* **1-11-98**

CR2E037 (10/97)