

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91219 020 ****61.25

0082391

DOCUMENT # 750443

1. Entity Name

TWIN LAKES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**500 LAKE FRANCIS RD
LAKE PLACID FL 33852
US**

Mailing Address

**500 LAKE FRANCIS RD
LAKE PLACID FL 33852
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2762281**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALLAS, LOWELL
500 LAKE FRANCIS RD
LAKE PLACID FL 33852**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BALLAS, LOWELL	
STREET ADDRESS	500 LAKE FRANCIS RD	
CITY - ST - ZIP	LAKE PLACID FL 33852	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	KINGFORD, BRAD	
STREET ADDRESS	159 LAKE FRANCIS DRIVE	
CITY - ST - ZIP	LAKE PLACID FL 33852	

TITLE	TD	<input type="checkbox"/> Delete
NAME	FALVEY, MILLICENT	
STREET ADDRESS	154 LAKE FRANCIS DRIVE	
CITY - ST - ZIP	LAKE PLACID FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, SHEILA	
STREET ADDRESS	129 LAKE FRANCIS DRIVE	
CITY - ST - ZIP	LAKE PLACID FL 33852	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)