2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# 750443

Entity Name: TWIN LAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

39 TWIN LAKES RD
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

39 TWIN LAKES RD
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-2762281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUREK, DIANNE
39 TWIN LAKES RD.
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KUREK, DIANNE	
Address:	39 TWIN LAKES RD.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VD	( ) Delete
Name:	KINGGARD, BRAD	
Address:	159 LAKE FRANCIS DRIVE	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	TD	( ) Delete
Name:	KINSEY, SALLY	
Address:	135 LAKE FRANCIS DRIVE	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	S	( ) Delete
Name:	HOPPOUGH, CAROL	
Address:	132 LAKE FRANCIS DR.	
City-St-Zip:	LAKE PLACID, FL 33852	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY KINSEY TD 04/26/2004

Electronic Signature of Signing Officer or Director — Date