

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750443

FILED
Jul 01, 2009
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 US

Title: TD () Delete
Name: WOLFCAL, LORETTA
Address: 155 LAKE FRANCIS DR
City-St-Zip: LAKE PLACID, FL 33852 US

Title: S () Delete
Name: HOPPOUGH, CAROL
Address: 132 LAKE FRANCIS DR
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VPD () Delete
Name: HODGE, ROBERT
Address: 105 CREST CT
City-St-Zip: LAKE PLACID, FL 33852 US

Title: TR () Delete
Name: LORI, KNIPPER
Address: 107 VILLA AVE
City-St-Zip: LAKE PLACID, FL 33852 US

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DIANNE KUREK

PD

07/01/2009

Electronic Signature of Signing Officer or Director

Date