

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90829 014 \*\*\*\*61.25

**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

**39 TWIN LAKES RD**

Suite, Apt. #, etc.

3. Mailing Address

**39 TWIN LAKES RD**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**LAKE PLACID, FL**

City & State

**LAKE PLACID, FL**

4. FEI Number **59-2762281**

Applied For

Not Applicable

Zip

**33852**

Country

**USA**

Zip

**33852**

Country

**USA**

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 **DIANNE KUREK**

Street Address (P.O. Box Number is Not Acceptable)

**39 TWIN LAKES RD**

City **LAKE PLACID, FL**

Zip Code **33852**

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]* **Dianne J. Kurek** *[Signature]* **President/Director**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
**4-28-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BALLAS, LOWELL</b>	
STREET ADDRESS	<b>500 LAKE FRANCIS RD</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>KINGFORD, BRAD</b>	
STREET ADDRESS	<b>159 LAKE FRANCIS DRIVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>FALVEY, MILICENT</b>	
STREET ADDRESS	<b>154 LAKE FRANCIS DRIVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, SHEILA</b>	
STREET ADDRESS	<b>129 LAKE FRANCIS DRIVE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
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	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIANNE KUREK</b>	
STREET ADDRESS	<b>39 TWIN LAKES RD</b>	
CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADLEY KINGGARD</b>	
STREET ADDRESS	<b>159 LAKE FRANCIS DR</b>	
CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALLY KINSEY</b>	
STREET ADDRESS	<b>135 LAKE FRANCIS DR</b>	
CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROL HOPPOUGH</b>	
STREET ADDRESS	<b>132 LAKE FRANCIS DR</b>	
CITY-ST-ZIP	<b>LAKE PLACID, FL 33852</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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]* **Sally Kinsey** **4/28/03** **863 699-2631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)