

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 14, 2012  
Secretary of State**

DOCUMENT# 754093

Entity Name: TWIN HOUSES, INC.

**Current Principal Place of Business:**

528 20TH AVENUE, N., APT. 3  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

532 20TH AVENUE, N.  
APT 1  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 59-2088183      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AIRD, MARION N  
532 20TH AVENUE, N.  
APT 1  
LAKE WORTH, FL 33460 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: PTD  
Name: AIRD, MARION  
Address: 532 20TH AVENUE, N., APT. 1  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: VD  
Name: AIRD, EULYN  
Address: 532 20TH AVENUE, N., APT. 2  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D  
Name: CELESTIN, BENEDICT  
Address: 528 20TH AVENUE, N., APT. 3  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: SD  
Name: MARTINBOROUGH, JOANNE  
Address: 528 20TH AVENUE, N., APT. 3  
City-St-Zip: LAKE WORTH, FL 33460 US

I hereby 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 all other like empowered.

SIGNATURE: MARION AIRD

PTD

09/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date