


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 757280
 1. Entity Name
TWIN HOMES CONDOMINIUM ASSOCIATION, INC.



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| Principal Place of Business % LUIS LABRADOR 2542 S.W. 27 STREET MIAMI, FL 33133-2238 | Mailing Address % LUIS LABRADOR 2542 S.W. 27 STREET MIAMI, FL 33133-2238 |
|--|--|

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01102005 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 26-4957322 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LABRADOR, LUIS
2542 SW 27 STR
MIAMI, FL 33132

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LABRADOR, LUIS 2542 S.W. 27TH ST. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LABRADOR, ZENAIDA 2542 S.W. 27TH ST. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PEREZ, MIGUEL A. 2540 SW 27 ST MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PEREZ, GERARDINA 2540 S.W. 27 STREET MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/14/05-80049-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Luis Labrador* x1-11 105 x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #