


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 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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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ 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

DO NOT WRITE IN THIS SPACE

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 \$81.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
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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01/11/06 80013-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **LUIS LABRADOR**, 1-6-06 305-285-2486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #