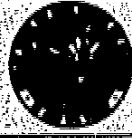


**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Montherm  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

85 APR 19 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 759408 (8)**

1. Corporation Name  
**TWIN LAKES HEIGHTS ASSOCIATION, INC.**

Principal Place of Business: **1603 LUSE LANE TARPON SPRINGS FL 34689**  
Mailing Address: **1603 LUSE LANE TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/03/1991</b>	3a. Date of Last Report <b>03/17/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$60.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**WESTWOOD, JANET  
1603 LUSE LANE  
TARPON SPRGS FL 34689**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Janet S Westwood* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>POD</b>
NAME	<b>WESTWOOD, WILLIAM</b>
STREET ADDRESS	<b>1603 LUSE LANE</b>
CITY - ST - ZIP	<b>TARPOR SPRGS, FL 00000</b>
TITLE	<b>V</b>
NAME	<b>MORLAN, JUDI</b>
STREET ADDRESS	<b>1610 KEYSTONE ROAD</b>
CITY - ST - ZIP	<b>TARPOR SPRGS, FL 00000</b>
TITLE	<b>ST</b>
NAME	<b>WESTWOOD, JANET</b>
STREET ADDRESS	<b>1603 LUSE LANE</b>
CITY - ST - ZIP	<b>TARPOR SPRGS, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>THOMPSON, WARREN</b>
STREET ADDRESS	<b>1617 OVERLOOK DR.</b>
CITY - ST - ZIP	<b>TARPOR SPRGS, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>ABRAHAM, MEDINA</b>
STREET ADDRESS	<b>1618 OVERLOOK DR.</b>
CITY - ST - ZIP	<b>TARPOR SPRGS, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>FRYSEN, MABEL</b>
STREET ADDRESS	<b>1612 OVERLOOK DR.</b>
CITY - ST - ZIP	<b>TARPOR SPRGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet S Westwood* **JANET S WESTWOOD** 4/1/95 813-937-1040  
Date Daytime Phone #