

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **08/03/1981**
 3a. Date of Last Report: **04/19/1995**

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

4. FEI Number	Applied For
NOT APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTWOOD, WILLIAM	1.2 NAME	
STREET ADDRESS	1603 LUSE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPOR SPRGS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORLAN, JUDI	2.2 NAME	
STREET ADDRESS	1610 KEYSTONE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPOR SPRGS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTWOOD, JANET	3.2 NAME	
STREET ADDRESS	1603 LUSE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPOR SPRGS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, WARREN	4.2 NAME	
STREET ADDRESS	1617 OVERLOOK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPOR SPRGS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, MEDINA	5.2 NAME	
STREET ADDRESS	1618 OVERLOOK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPOR SPRGS, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIESEN, MABEL	6.2 NAME	
STREET ADDRESS	1612 OVERLOOK DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TARPOR SPRGS FL	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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet Westwood* **6/5/96** **813-937-1040**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (3/96)