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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34689-89353. Date Incorporated or Qualified
08/03/19813a. Date of Last Report
07/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WESTWOOD, JANET
1603 LUSE LANE
TARPON SPRGS FL 34689

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE POD
NAME WESTWOOD, WILLIAM
STREET ADDRESS 1603 LUSE LANE
CITY-ST-ZIP TARPON SPRGS, FL 00000☐ DELETETITLE V
NAME MORLAN, JUDI
STREET ADDRESS 1610 KEYSTONE ROAD
CITY-ST-ZIP TARPON SPRGS, FL 00000☐ DELETETITLE ST
NAME WESTWOOD, JANET
STREET ADDRESS 1603 LUSE LANE
CITY-ST-ZIP TARPON SPRGS, FL 00000☐ DELETETITLE D
NAME THOMPSON, WARREN
STREET ADDRESS 1617 OVERLOOK DR.
CITY-ST-ZIP TARPON SPRGS, FL 00000☐ DELETETITLE D
NAME ABRAHAM, MEDINA
STREET ADDRESS 1618 OVERLOOK DR.
CITY-ST-ZIP TARPON SPRGS, FL 00000☐ DELETETITLE D
NAME FRIESEN, MABEL
STREET ADDRESS 1612 OVERLOOK DR.
CITY-ST-ZIP TARPON SPRGS FL☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 S Westwood JANET S WESTWOOD 3/3/97 83-937-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000049

CR2E037 (9/96)