

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/03/1981	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	POD	<input type="checkbox"/> DELETE
NAME	WESTWOOD, WILLIAM	
STREET ADDRESS	1603 LUSE LANE	
CITY-ST-ZIP	TARPOR SPRGS, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORLAN, JUDI	
STREET ADDRESS	1610 KEYSTONE ROAD	
CITY-ST-ZIP	TARPOR SPRGS, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WESTWOOD, JANET	
STREET ADDRESS	1603 LUSE LANE	
CITY-ST-ZIP	TARPOR SPRGS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, WARREN	
STREET ADDRESS	1617 OVERLOOK DR.	
CITY-ST-ZIP	TARPOR SPRGS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABRAHAM, MEDINA	
STREET ADDRESS	1618 OVERLOOK DR.	
CITY-ST-ZIP	TARPOR SPRGS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIESEN, MABEL	
STREET ADDRESS	1612 OVERLOOK DR.	
CITY-ST-ZIP	TARPOR SPRGS FL	

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 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: *[Handwritten Signature]* **4/29/98 87937-1040**

CP2E037 (10/97)