

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90091 044 ***150.00

DOCUMENT # H00990

1. Corporation Name

TWIN LAKES RESIDENT OWNERS' ASSOCIATION, INC.

Principal Place of Business

2419 GULF TO BAY
LOT 1221
CLEARWATER FL 34625
US

Mailing Address

2419 GULF TO BAY
LOT 1221
CLEARWATER FL 34625
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1984

4. FEI Number

59-2412185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

NICHOLSON, THOMAS
2419 GULF TO BAY
LOT 623
CLEARWATER FL 33765

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME COMPORT, JAMES
STREET ADDRESS 2419 GULF TO BAY LOT 1424
CITY-ST-ZIP CLEARWATER FL 33765

TITLE T ☐ DELETE
NAME NICHOLSON, THOMAS
STREET ADDRESS 2419 GULF TO BAY LOT 623
CITY-ST-ZIP CLEARWATER FL 33765

TITLE S ☒ DELETE
NAME HAAS, ROBERT
STREET ADDRESS 2419 GULF TO BAY LOT 1419
CITY-ST-ZIP CLEARWATER FL 33765

TITLE D ☒ DELETE
NAME CHAPMAN, TERRY
STREET ADDRESS 2419 GULF TO BAY LOT 822
CITY-ST-ZIP CLEARWATER FL 33765

TITLE VP ☐ DELETE
NAME MAERZ, RONALD
STREET ADDRESS 2419 GULF TO BAY LOT 1420
CITY-ST-ZIP CLEARWATER FL 33765

TITLE D ☒ DELETE
NAME MARG KELLER
STREET ADDRESS 2419 GULF TO BAY 713
CITY-ST-ZIP CLEARWATER FL 33765

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME ☒ JOHN COMPORT
1.3 STREET ADDRESS 2419 GULF TO BAY LOT 1422
1.4 CITY-ST-ZIP CLEARWATER FL 33765

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME ☒ CHARLES HAAS
2.3 STREET ADDRESS 2419 GULF TO BAY LOT 271
2.4 CITY-ST-ZIP CLEARWATER FL 33765

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME ☒ RONALD MAERZ
3.3 STREET ADDRESS 2419 GULF TO BAY LOT 1420
3.4 CITY-ST-ZIP CLEARWATER FL 33765

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME ☒ ED GAWER
4.3 STREET ADDRESS 2419 GULF TO BAY LOT 815
4.4 CITY-ST-ZIP CLEARWATER FL 33765

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME ☒ KEITH SOLHEIM
5.3 STREET ADDRESS 2419 GULF TO BAY LOT 916
5.4 CITY-ST-ZIP CLEARWATER FL 33765

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME ☒ VI SODER
6.3 STREET ADDRESS 2419 GULF TO BAY LOT 810
6.4 CITY-ST-ZIP CLEARWATER FL 33765

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS NICHOLSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)