

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90033 002 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                                                                        |                                                                                                         |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # H00990</b><br>1. Entity Name<br><b>TWIN LAKES RESIDENT OWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                                                                                                                        |                                                                                                         |  |  |
| Principal Place of Business<br><b>2419 GULF TO BAY<br/>LOT 213<br/>CLEARWATER, FL 34625 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                                                                        | Mailing Address<br><b>2419 GULF TO BAY<br/>LOT 213<br/>CLEARWATER, FL 33765 US</b>                      |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            | 3. Mailing Address                                                                                                     |                                                                                                         |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | Suite, Apt. #, etc.                                                                                                    |                                                                                                         |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            | City & State                                                                                                           |                                                                                                         |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                    | Zip                                                                                                                    | Country                                                                                                 |                                                                                   |  |
| 4. FEI Number<br><b>59-2412185</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                                                                                                                        | Applied For<br>Not Applicable                                                                           |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            |                                                                                                                        | <b>\$8.75 Additional Fee Required</b>                                                                   |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                                                                        | 7. Name and Address of New Registered Agent                                                             |                                                                                   |  |
| <b>STEPHENS, ROBERT<br/>2419 GULF TO BAY<br/>LOT 213<br/>CLEARWATER, FL 34625</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                                                                                                        | Name<br><hr/> Street Address (P.O. Box Number is Not Acceptable)<br><hr/> <hr/> City <b>FL</b> Zip Code |                                                                                   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                                                                        |                                                                                                         |                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                                                        |                                                                                                         |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                         |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                   |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P<br/>CAMPBELL, E<br/>PO 3604<br/>CLEARWATER, FL 33767</b>                              | <input checked="" type="checkbox"/> Delete                                                                             |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T<br/>NICHOLSON, THOMAS<br/>2419 GULF TO BAY LOT 625<br/>CLEARWATER, FL 33765</b>       | <input checked="" type="checkbox"/> Delete                                                                             |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>NELSON, DOUGLAS<br/>2419 GULF TO BAY LOT 623<br/>CLEARWATER, FL 33765</b>         | <input checked="" type="checkbox"/> Delete                                                                             |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>STEPHENS, ROBERT<br/>2419 GULF TO BAY LOT 213<br/>CLEARWATER, FL 33765</b>        | <input type="checkbox"/> Delete                                                                                        |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>S<br/>BURKE, SYLVIA<br/>2419 GULF TO BAY LOT 1324<br/>CLEARWATER, FL 33765</b>          | <input checked="" type="checkbox"/> Delete                                                                             |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>RYAN, YVONNE<br/>2419 GULF TO BAY #217<br/>CLEARWATER, FL 33765</b>               | <input type="checkbox"/> Delete                                                                                        |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P/D<br/>NANCY FEMIA<br/>2419 GULF TO BAY BLVD. LOT 902<br/>CLEARWATER, FL 33765</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                           |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V/P/D<br/>ROBERT MOORES<br/>2419 GULF TO BAY BLVD LOT 1212<br/>CLEARWATER, FL 33765</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                           |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T/D<br/>ROBERT STEPHENS<br/>2419 GULF TO BAY BLVD. LOT 213<br/>CLEARWATER, FL 33765</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                           |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>S/D<br/>ANNE McLAUGHLIN<br/>2419 GULF TO BAY BLVD. LOT 715<br/>CLEARWATER, FL 33765</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                           |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>KAYE RYAN<br/>2419 GULF TO BAY BLVD. LOT 923<br/>CLEARWATER, FL 33765</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                           |                                                                                                         |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>JOSEPH MAYNEHAN<br/>2419 GULF TO BAY BLVD. LOT 1213<br/>CLEARWATER, FL 33765</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                           |                                                                                                         |                                                                                   |  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                            |                                                                                                                        |                                                                                                         |                                                                                   |  |
| <b>SIGNATURE: R Stephens R STEPHENS April 5 2005 727-725-8350</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                                                        |                                                                                                         |                                                                                   |  |

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

**DOCUMENT # H00990**

1. Entity Name  
TWIN LAKES RESIDENT OWNERS' ASSOCIATION, INC.



Principal Place of Business  
2419 GULF TO BAY  
LOT 213  
CLEARWATER, FL 34625 US

Mailing Address  
2419 GULF TO BAY  
LOT 213  
CLEARWATER, FL 33765 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312005

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-2412185

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, ROBERT  
2419 GULF TO BAY  
LOT 213  
CLEARWATER, FL 34625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | P                         | <input type="checkbox"/> Delete |
| NAME           | CAMPBELL, E               |                                 |
| STREET ADDRESS | PO 3604                   |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33767      |                                 |
| TITLE          | T                         | <input type="checkbox"/> Delete |
| NAME           | NICHOLSON, THOMAS         |                                 |
| STREET ADDRESS | 2419 GULF TO BAY LOT 625  |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33765      |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | NELSON, DOUGLAS           |                                 |
| STREET ADDRESS | 2419 GULF TO BAY LOT 623  |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33765      |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | STEPHENS, ROBERT          |                                 |
| STREET ADDRESS | 2419 GULF TO BAY LOT 213  |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33765      |                                 |
| TITLE          | S                         | <input type="checkbox"/> Delete |
| NAME           | BURKE, SYLVIA             |                                 |
| STREET ADDRESS | 2419 GULF TO BAY LOT 1324 |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33765      |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | RYAN, YVONNE              |                                 |
| STREET ADDRESS | 2419 GULF TO BAY #217     |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33765      |                                 |

|                |                                 |                                                                              |
|----------------|---------------------------------|------------------------------------------------------------------------------|
| TITLE          | D                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SUSAN CHANOLER                  |                                                                              |
| STREET ADDRESS | 2419 GULF TO BAY BLVD. LOT 811  |                                                                              |
| CITY-ST-ZIP    | CLEARWATER, FL 33765            |                                                                              |
| TITLE          | D                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LYNDA EGAN                      |                                                                              |
| STREET ADDRESS | 2419 GULF TO BAY BLVD. LOT 1412 |                                                                              |
| CITY-ST-ZIP    | CLEARWATER, FL 33765            |                                                                              |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |                                                                              |
| STREET ADDRESS |                                 |                                                                              |
| CITY-ST-ZIP    |                                 |                                                                              |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |                                                                              |
| STREET ADDRESS |                                 |                                                                              |
| CITY-ST-ZIP    |                                 |                                                                              |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R Stephens

R STEPHENS

April 5 2005

727-725-8350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #