2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H00990

FILED Oct 22, 2006 Secretary of State

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

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
LOT 213	F TO BAY ATER, FL 3462	5 US		2419 GULF LOT 1218 CLEARWA	TO BAY TER, FL 33765	US	
Current Mailing Address:				New Maili	New Mailing Address:		
LOT 213	F TO BAY ATER, FL 3376	5 US		2419 GULF LOT 1218 CLEARWA	TO BAY	US	
	: 59-2412185	FEI Number A	oplied For ()	FEI Number Not Appl		ertificate of Status Desired ()	
Name and	Address of C	urrent Regist	ered Agent:	Name and	Address of New	Registered Agent:	
STEPHENS, ROBERT 2419 GULF TO BAY LOT 213 CLEARWATER, FL 34625 US The above named entity submits this statement for the purpose o				2419 GULF LOT 1218 CLEARWA	CLEARWATER, FL 33765 US		
	e of Florida.					40/00/000	
SIGNATU	RE: ROBERT		Registered Ager	.1		10/22/2006 	
OFFICERS Fitle: Name:	FEMIA, NANCY	Delete		Title: Name:		OFFICERS AND DIRECTOR	
чате: Address: City-St-Zip:		BAY BLVD LOT 9 FL 33765	02	Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	MOORES, ROBE	BAY BLVD LOT 1	212	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Fitle: Name: Nddress:	MCLAUGHLIN, A	Delete NNE BAY BLVD LOT 7	15	Title: Name: Address:	SD (X) Chi MCLAUGHLIN, ANN 2419 GULF TO BAY		
City-St-Zip: Fitle: Name: Address: City-St-Zip:	CLEARWATER, TD () STEPHENS, RO 2419 GULF TO B CLEARWATER,	Delete BERT BAY LOT 213		City-St-Zip: Title: Name: Address: City-St-Zip:	TD (X) Cho STEPHENS, ROBEI 2419 GULF TO BAY CLEARWATER, FL	ange()Addition RT / LOT1218	
Fitle: Name: Address: City-St-Zip:	RYAN, KAYE	Delete BAY BLVD LOT 9 FL 33765	23	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Γitle:	D () RYAN, YVONNE	Delete		Title: Name:	() Cha	ange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MOORES VPD 10/22/2006