

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H00990

FILED
Apr 04, 2009
Secretary of State

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

Current Principal Place of Business:

2419 GULF TO BAY
LOT 728
CLEARWATER, FL 33765 US

New Principal Place of Business:

2419 GULF TO BAY
LOT 913
CLEARWATER, FL 33765 US

Current Mailing Address:

2419 GULF TO BAY
LOT 913
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2412185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTTER, GERALD
2419 GULF TO BAY
LOT 728
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

LEAVITT, TOM
2419 GULF TO BAY
LOT 913
CLEARWATER, FL 33765 US

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.

SIGNATURE: THOMAS LEAVITT

04/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEAVITT, TOM
Address: 2419 GULF TO BAY BLVD LOT 103
City-St-Zip: CLEARWATER, FL 33765

Title: VPD () Delete
Name: GRADY, DAWN
Address: 2419 GULF TO BAY BLVD LOT919
City-St-Zip: CLEARWATER, FL 33765

Title: SD () Delete
Name: REED, CAROL
Address: 2419 GULF TO BAY BLVD LOT 928
City-St-Zip: CLEARWATER, FL 33765

Title: TD () Delete
Name: WIEBECK, DORLA
Address: 2419 GULF TO BAY LOT 913
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: MCLAUGHLIN, ANNE
Address: 2419 GULF TO BAY BLVD LOT 1318
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: DONOHUE, PATRICIA
Address: 2419 GULF TO BAY LOT 368
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANNE MCLAUGHLIN

D

04/04/2009

Electronic Signature of Signing Officer or Director

Date