FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:01

DOCUMENT # **H01484** **(5)**

1. Corporation Name

TWIN PALMS HOME OWNER'S ASSOC., INC., OF CLEARWATER

Principal Place of Business	Mailing Address
14300 66TH ST N STE - 1006 CLEARWATER FL 34624 US	14300 66TH ST N STE - 1006 CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/01/1984**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2051759** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAYS, DON
14300 66TH ST. N.
#1007
CLEARWATER FL 34624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BAYS, DON	12 NAME		
STREET ADDRESS	14300 66TH ST. N. #1007	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34624	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	FARINA, SAM	22 NAME	DAVE DINGWALL	
STREET ADDRESS	14300 66TH ST W / STE - 307	23 STREET ADDRESS	14300 66th. ST.N.#413	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	CLEARWATER, FL. 34624	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	PECOLA, FRANK	32 NAME	GEORGE ENGEL	
STREET ADDRESS	14300 66TH ST N / STE - 106	33 STREET ADDRESS	14300 66th. ST.N. #421	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	CLEARWATER, FL. 34624	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	WALTER, INA	42 NAME	JIM CHILDERS	
STREET ADDRESS	14300 66TH ST. N. #202	43 STREET ADDRESS	14300 66th. ST. N. #429	
CITY-ST-ZIP	CLEARWATER FL 34624	44 CITY-ST-ZIP	CLEARWATER, FL. 34624	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	REGINA, NOYES	52 NAME		
STREET ADDRESS	14300 66TH ST N / STE - 504	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP		
TITLE	STD	61 TITLE		☐ Change ☐ Addition
NAME	WECHTER, H.	62 NAME		
STREET ADDRESS	14300 66TH ST. N. #1006	63 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34624	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Don Bays DON BAYS 3-27-95 (813) 531-4929
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

095A771 CR

ADDITIONAL DIRECTORS

H01464

D
LOLA GOLLER
14300 66th. ST. N. #1001
CLEARWATER, FL. 34624

D
HELEN CUNNINGHAM
14300 66th. ST. N. #443
CLEARWATER, FL. 34624

D
CATHY SCHMIDT
14300 66th. ST. N. #500
CLEARWATER, FL. 34624

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:08

DOCUMENT # **H01979** **(4)**

1. Corporation Name
TELEPHONE SUPPORT SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
12220 TOWNE LAKE DR. STE 30 FORT MYERS FL 33913 US	P.O. BOX 60164 FORT MYERS FL 33906 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1984
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 59-2411756 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDREWS, ALBERT W.
11000-30 METRO PARKWAY
FORT MYERS FL 33912

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, DAVID	12 NAME	
STREET ADDRESS	26450 HAGGERTY RD	13 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, HAZEL	22 NAME	
STREET ADDRESS	14687 TRIPLE EAGLE CT	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Hazel Coleman 2/22/95 813/561-0090
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Telephone #