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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H01484** (5)
1. Corporation Name
**TWIN PALMS HOME OWNER'S ASSOC., INC., OF CLEARWA
TER**

Principal Place of Business

14300 66TH ST N
STE - 1006
CLEARWATER FL 34624
US

Mailing Address

14300 66TH ST N
STE - 1006
CLEARWATER FL 34624-7275
US



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

3. Date Incorporated or Qualified	3a. Date of Last Report
05/01/1984	03/07/1996
4. FEI Number	Applied For
59-2051759	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WECHTER, HENRY 14300 66TH STREET NORTH SUITE 1006 CLEARWATER FL 34624		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	THOMPSON, LAWRENCE	1.2 NAME	DINO BOTTI PD
STREET ADDRESS	14300 66TH STREET #210	1.3 STREET ADDRESS	14300 66th ST #1005
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL
TITLE	D	2.1 TITLE	
NAME	DAVE DINGWALL	2.2 NAME	Helen Cunningham
STREET ADDRESS	14300 66TH ST., NORTH, #413	2.3 STREET ADDRESS	14300 66th St #413
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater FL
TITLE	D	3.1 TITLE	
NAME	GEORGE ENGEL	3.2 NAME	Cathy Schmidt
STREET ADDRESS	14300 66TH ST. NORTH, #421	3.3 STREET ADDRESS	14300 66th St N. #500
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater FL
TITLE	D	4.1 TITLE	
NAME	JIM CHILDERS	4.2 NAME	
STREET ADDRESS	14300 66TH ST. NORTH #429	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	REGINA, NOYES	5.2 NAME	
STREET ADDRESS	14300 66TH ST N / STE - 504	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	
NAME	WECHTER, HENRY	6.2 NAME	
STREET ADDRESS	14300 66TH ST. N. #1006	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Henry E. Wechter* Henry E. Wechter 1/3/97 813-536-1830
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)