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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1984	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2051759		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WEXHTER, HENRY 14300 66TH STREET NORTH SUITE 1006 CLEARWATER FL 34624 33764				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 33764	

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	D	1.1 TITLE	President
NAME	THOMPSON, LAWRENCE	1.2 NAME	Dino Batti
STREET ADDRESS	14300 66TH STREET #210	1.3 STREET ADDRESS	14300 66th STN # 1005
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater Fl. 33764
TITLE	D	2.1 TITLE	Director
NAME	DAVE DINGWALL	2.2 NAME	Catherine Schmidt
STREET ADDRESS	14300 66TH ST., NORTH, #413	2.3 STREET ADDRESS	14300 66th ST N #500
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, Fl. 33764
TITLE	D	3.1 TITLE	Director
NAME	GEORGE ENGEL	3.2 NAME	Helen Cunningham
STREET ADDRESS	14300 66TH ST. NORTH, #225 #1007	3.3 STREET ADDRESS	14300 66th ST N # 443
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater Fl. 33764
TITLE	Vice President	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 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 Wechter

1/23/98

813-536-1830

CR2E034 (10/97)