

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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



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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 05/01/1984	4. FEI Number 59-2051759
Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	85 FL 33764
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMPSON, LAWRENCE
STREET ADDRESS	14300 66TH STREET #210
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVE DINGWALL
STREET ADDRESS	14300 66TH ST., NORTH, #413
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GEORGE ENGEL
STREET ADDRESS	14300 66TH ST. NORTH, #225 #1007
CITY-ST-ZIP	CLEARWATER FL
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	JIM CHILDERS
STREET ADDRESS	14300 66TH ST. NORTH #429
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	REGINA, NOYES
STREET ADDRESS	14300 66TH ST N / STE - 504
CITY-ST-ZIP	CLEARWATER FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	WECHTER, HENRY
STREET ADDRESS	14300 66TH ST. N. #1006
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President
1.3 STREET ADDRESS	Dino Batti
1.4 CITY-ST-ZIP	14300 66th STN # 1005
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Catherine Schmidt
2.4 CITY-ST-ZIP	14300 66th ST N #500
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	Helen Cunningham
3.4 CITY-ST-ZIP	14300 66th ST N # 443
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ **1/23/98** **813-536-1830**

CR2E034 (10/97)