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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H01484

1. Corporation Name

**TWIN PALMS HOME OWNER'S ASSOC., INC., OF CLEARWA
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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	3. Date Incorporated or Qualified 05/01/1984	4. FEI Number 59-2051759	Applied For 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 the current year intangible Personal Property Tax. <input 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 33764	10. Name and Address of New Registered Agent 81 Name Ruth Rapphahn 82 Street Address (P.O. Box Number is Not Acceptable) 14300 66st North #123 83 84 City Clearwater FL 85 Zip Code 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 *Ruth Rapphahn* DATE 3/28/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LAWRENCE 14300 66TH STREET #210 CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Dino Botti 14300 66st North #1005 Clearwater FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVE DINGWALL 14300 66TH ST., NORTH, #413 CLEARWATER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	JP James Childers 14300 66st North #429 Clearwater FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE ENGEL 14300 66TH ST N, SUITE 1007 CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DR Regina Noyes 14300 66st North #504 Clearwater FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIM CHILDERS 14300 66TH ST. NORTH #429 CLEARWATER FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T Ruth Rapphahn 14300 66st North #123 Clearwater FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGINA, NOYES 14300 66TH ST N / STE - 504 CLEARWATER FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WECHTER, HENRY 14300 66TH ST. N. #1006 CLEARWATER FL	6.1 TITLE 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, with all other like empowered.

SIGNATURE: *Ruth Rapphahn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/00/99 (722) 623-9688
Date Daytime Phone

CR2E034 (11/98)