2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90056 002 ***150.00

DOCUMENT # H01484

1. Entity Name
TWIN PALMS HOME OWNER'S ASSOC. INC of CLEARWATER, FL

Principal Place of Business	Mailing Address
TWIN PALMS HOME OWNERS ASSOC INC OF CLEARWATER 14300 66TH ST N STE 1006 CLEARWATER, FL 34624 US	

2. Principal Place of Business	3. Mailing Address
TWIN PALMS HOME OWNERS ASSOC INC OF CLEARWATER	14300 66TH ST N
Suite, Apt. #, etc. LOT 123	Suite, Apt. #, etc.
City & State CLEARWATER	City & State FL
Zip 33764	Country / Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2051759 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUTH RAPPHAHN 14300 66ST N #123 CLEARWATER, FL 33764	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	BOTTI, DINO 14900 66ST N 1005 CLEARWATER, FL 33764	☑ Delete	TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	CARL BRETZ 14300 66 ST N #1104 CLEARWATER, FL 33764	☑ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	CHILDERS, JAMES 14300 66ST N #429 CLEARWATER, FL 33764	☑ Delete	TITLE V.P. NAME STREET ADDRESS CITY-ST-ZIP	DOROTHY GRAHAM 14300 66 ST N #701 CLEARWATER, FL 33764	☑ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GEORGE ENGEL 14300 66 N SUITE 1007 CLEARWATER, FL	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SADIE DAN FORTH 14300 66ST N #315 CLEARWATER, FL 33764	☑ Change ☐ Addition
TITLE V.P NAME STREET ADDRESS CITY-ST-ZIP	JIM CHILDERS 14300 66th ST NORTH #429 CLEARWATER, FL	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	FLORA COLMER 14300 66ST N #317 CLEARWATER, FL 33764	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	REGINA, NOYES 14300 66 ST N STE 504 CLEARWATER, FL	☑ Delete	TITLE SEC NAME STREET ADDRESS CITY-ST-ZIP	REGINA NOYES 14300 66 ST N #504 CLEARWATER, FL 33764	☑ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	RAPPHAHN, RUTH 14300 66ST N #123 CLEARWATER, FL 33764	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth Rapphahn April 14, 2000 727-523-9688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #