

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90137 033 ***150.00

DOCUMENT # H01484

1. Entity Name

TWIN PALMS HOME OWNER'S ASSOC., INC., OF CLEARWA

Principal Place of Business

**TWIN PALMS HOME OWNER'S ASSOC
 LOT 123
 CLEARWATER FL 33764
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

14300 66 ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT 123

City & State

City & State

CLEARWATER FL

Zip

Country

Zip

Country

33764

FLORIDA

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

**RAPPAHN, RUTH
 14300 66TH STREET NORTH
 #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

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, 2001 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 **P** ☐ Delete
 NAME **BRETZ, CARL**
 STREET ADDRESS **14300 66 ST N #1104**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **GRAHAM, DOROTHY**
 STREET ADDRESS **14300 66 STREET N #701**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DANFORTH, SADIE**
 STREET ADDRESS **14300 66 ST-N- #315**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COLMER, FLORA**
 STREET ADDRESS **14300 66 ST N 317**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **REGINA, NOYES**
 STREET ADDRESS **14300 66TH ST N / STE - 504**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **RAPPAHN, RUTH**
 STREET ADDRESS **14300 66ST N #123**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Rappahn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH RAPPAHN

1/18/01

Date

727-523-9688

Daytime Phone #

CR2E034 (10/00)