


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90458 002 \*\*\*150.00

<b>DOCUMENT # H01484</b> 1. Entity Name <b>TWIN PALMS HOME OWNER'S ASSOC., INC., OF CLEARWATER</b>					
Principal Place of Business <b>TWIN PALMS HOME OWNER'S ASSOC LOT #218 CLEARWATER FL 33764 US</b>			Mailing Address <b>14300 66TH ST N LOT #218 CLEARWATER FL 33764 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2051759</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRADFORD, NANCY E 14300 66TH STREET NORTH #218 CLEARWATER FL 33764</b>				7. Name and Address of New Registered Agent Name <b>CHARLES F. FORST SR</b> Street Address (P.O. Box Number is Not Acceptable) <b>14300 66TH ST. No.</b> <b>LOT 123</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33764</b>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Charles F. Forst Sr</i></u> DATE <u>4-11-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEACOCK, CLIFF 14300 66TH ST. N. #900 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. John Hisiro 66th St. N. #112 Clearwater, FL. 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HISIRO, JOHN 14300 66TH ST. N. #112 CLEARWATER FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. James Braxton 66th St. N. #451 Clearwater, FL. 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LADD, SHEILA 14300 66TH ST. N. #406 CLEARWATER FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Linda Merlo 66th St. N. #907 Clearwater, FL. 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEADFOR, NANCY 14300 66TH ST. N. #218 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. Charles F. Forst 66th St. N. #123 Clearwater, FL. 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAXTON, JAMES 14300 66TH ST. N. #451 CLEARWATER FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Sheila Ladd 66th St. N. #406 Clearwater, FL. 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOE 14300 66TH ST. N. #700 CLEARWATER FL 33764	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Dot Cote 66th St. N. #205 Clearwater, FL. 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>CHARLES F. FORST SR</u> <i>Charles F. Forst Sr</i> 4-11-06 727-239-2956</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					