

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01484

FILED
Apr 04, 2009
Secretary of State

Entity Name: TWIN PALMS HOME OWNER'S ASSOC., INC., OF CLEARWATER

Current Principal Place of Business:

TWIN PALMS HOME OWNER'S ASSOC
LOT #1000
CLEARWATER, FL 33764 US

New Principal Place of Business:

TWIN PALMS HOME OWNER'S ASSOC
LOT #445
CLEARWATER, FL 33764 US

Current Mailing Address:

14300 66TH ST N
LOT #445
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-2051759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUILLAN, EVELYN M
14300 66TH ST N
LOT 445
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, RONALD G
Address: 66TH ST N LOT 1000
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: COTE, DOROTHY
Address: 14300 66TH ST. N. #205
City-St-Zip: CLEARWATER, FL 33764

Title: S () Delete
Name: MERLOW, LINDA
Address: 14300 66TH ST. N. #907
City-St-Zip: CLEARWATER, FL 33764

Title: T () Delete
Name: QUILLAN, LYN
Address: 66TH ST N 445
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: THOMAS, JOHN
Address: 14300 66TH ST. N. #427
City-St-Zip: CLEARWATER, FL 33764

Title: B () Delete
Name: LADD, SHEILA
Address: 66TH ST N 406
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMAS, KAREN S
Address: 66TH ST N LOT 413
City-St-Zip: CLEARWATER, FL 33764

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: QUILLAN, EVELYN
Address: 66TH ST N 445
City-St-Zip: CLEARWATER, FL 33764

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN S. THOMAS

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date