2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H42092

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: TWIN GABLES HOMEOWNERS, INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
4097 46TH ST. PETER	AVE N. SSBURG, FL 33714	US				
Current Mailing Address:			New Mailing Address:			
	4097 46TH AVE N. #211 ST. PETERSBURG, FL 33714 US		4097 46TH AVE N LOT 211 ST. PETERSBURG, FL 33714 US			
FEI Number:	59-2513775 FEI Nu	umber Applied For () FEI Nui	mber Not Appli	cable () Certifica	ate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CHAMPINE, WAYNE 4097 46TH AVE N LOT 114 ST. PETERSBURG, FL 33714 US						
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () Delete CHAMPINE, WAYNE 4097 46TH AVE. N LOT ST PETERSBURG, FL 3		Title: Name: Address: City-St-Zip:	P (X) Change CHAMPINE, WAYNE 4097 46TH AVE. N LOT ST PETERSBURG, FL 3:	114	
Title: Name: Address: City-St-Zip:	D () Delete BRAZIL, GORDON		Title: Name:	V (X) Change BRAZIL, GORDON	() Addition	
City-Ot-Zip.	4097 46TH AVE. N LOT 3 SAINT PETERSBURG, F		Address: City-St-Zip:	4097 46TH AVE. N LOT 3 SAINT PETERSBURG, FL		
Title: Name: Address: City-St-Zip:		L 33714		4097 46TH AVE. N LOT 3	_ 33714 US () Addition 15	

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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: WAYNE CHAMPINE P 04/01/2009

() Delete

4097 46TH AVE NORTH LOT 114

SAINT PETERSBURG, FL 33714

() Delete

CHAMPINE, WAYNE

(X) Change () Addition

() Change (X) Addition

4097 46TH AVE NORTH LOT 325

SAINT PETERSBURG, FL 33714 US

DEWAN, LEO

DEMERS, DONALD

4097 46TH AVE N LOT 218

ST PETERSBURG, FL 33714 US