FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -6 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # M25997 (1)

1. Corporation Name
TWIN RIVERS MOBILE HOMEOWNERS, INC.

Principal Place of Business
TWIN RIVERS MHP
7770 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455

Mailing Address
TWIN RIVERS MHP
7770 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455

3. Date Incorporated or Qualified: 01/13/1986
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2639298 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BENDER, DONALD W
7770 SE FEDERAL HWY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAMBERT, ROBERT
STREET ADDRESS	7770 S.E. FEDERAL HWY.
CITY-ST-ZIP	HOBE SOUND FL
TITLE	DS
NAME	BENDER, DONALD W
STREET ADDRESS	7770 S.E. FEDERAL HWY.
CITY-ST-ZIP	HOBE SOUND FL
TITLE	DT
NAME	MURRAY, RUTH
STREET ADDRESS	7770 S.E. FEDERAL HWY.
CITY-ST-ZIP	HOBE SOUND FL
TITLE	DV
NAME	HOLZ, HELGA
STREET ADDRESS	7770 S.E. FEDERAL HWY.
CITY-ST-ZIP	HOBE SOUND FL
TITLE	D
NAME	SCHWITERBOER, GERRY
STREET ADDRESS	7770 S.E. FEDERAL HWY.
CITY-ST-ZIP	HOBE SOUND FL
TITLE	D
NAME	ESCH, ORAL
STREET ADDRESS	7770 S.E. FEDERAL HWY.
CITY-ST-ZIP	HOBE SOUND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald W. Bender 3-1-95 407-221-0617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DONALD W. BENDER

0268200 CP