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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M25997 (1)

1. Corporation Name

TWIN RIVERS MOBILE HOMEOWNERS, INC.



Principal Place of Business

Mailing Address

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

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

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LAMBERT, ROBERT	
STREET ADDRESS	7770 S.E. FEDERAL HWY.	
CITY-STATE-ZIP	HOBE SOUND FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BENDER, DONALD W	
STREET ADDRESS	7770 S.E. FEDERAL HWY.	
CITY-STATE-ZIP	HOBE SOUND FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MURRAY, RUTH	
STREET ADDRESS	7770 S.E. FEDERAL HWY.	
CITY-STATE-ZIP	HOBE SOUND FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HOLZ, HELGA	
STREET ADDRESS	7770 S.E. FEDERAL HWY.	
CITY-STATE-ZIP	HOBE SOUND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWINTERBOER, GERRY	
STREET ADDRESS	7770 S.E. FEDERAL HWY.	
CITY-STATE-ZIP	HOBE SOUND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESCH, ORAL	
STREET ADDRESS	7770 S.E. FEDERAL HWY.	
CITY-STATE-ZIP	HOBE SOUND FL	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	HURRY, THOMAS	
1.3 STREET ADDRESS	7770 S.E. FEDERAL HWY	
1.4 CITY-STATE-ZIP	HOBE SOUND, FL. 33455	
2.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME	SHAUL, RICHARD	
4.3 STREET ADDRESS	7770 S.E. FEDERAL HWY	
4.4 CITY-STATE-ZIP	HOBE SOUND, FL. 33455	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME	FRANKS, GEORGE	
5.3 STREET ADDRESS	7770 S.E. FEDERAL HWY	
5.4 CITY-STATE-ZIP	HOBE SOUND, FL. 33455	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME	LAMBERT, ROBERT	
6.3 STREET ADDRESS	7770 S.E. FEDERAL HWY	
6.4 CITY-STATE-ZIP	HOBE SOUND, FL. 33455	

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 changed, or on an attachment with an address.

SIGNATURE:

Donald W. Bender DONALD W. BENDER DS

Date

Daytime Phone #

4-14-96 407-221-0617

CR2E034 (12/95)