2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000160

FILED Jun 12, 2007 Secretary of State

Entity Name: TWIN LAKES OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 101 DEFIANCE DR DESTIN, FL 32541 **Current Mailing Address: New Mailing Address:** PO BOX 175 DESTIN, FL 32540 FEI Number: 59-3665347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HASCH, KAREN 101 DEFIANCE DR US DESTIN, FL 32541 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LEWIS, RAY MARTIN, MIKE Name: Name: Address: 204 TWIN LAKES LN Address: 210 TWIN LAKES LANE City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: () Change () Addition Name: HASCH, KAREN Name: Address: 101 DEFIANCE DR Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: (X) Change () Addition MAHAR, TIM Name: KIRK, TIM Name: 304 LIRIOPE LOOP 219 TWIN LAKES LANE Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: (X) Change () Addition WAMPLER, KEN WAMPLER, KEN Name: Name: 310 LIRIOPE LOOP 310 LIRIOPE LOOP Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: (X) Change () Addition KIRK, TIM BIEL, BOB Name: Name: 216 TWIN LAKES LANE 208 TWIN LAKES LANE Address: Address: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN HASCH T 06/12/2007