2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N00000000160

Entity Name: TWIN LAKES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

101 DEFIANCE DR
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

PO BOX 175
DESTIN, FL 32540

New Mailing Address:

FEI Number: 59-3665347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASCH, KAREN
101 DEFIANCE DR
DESTIN, FL 32541 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARTIN, MIKE
Address: 210 TWIN LAKES LANE
City-St-Zip: DESTIN, FL 32541

Title: T ( ) Delete
Name: HASCH, KAREN
Address: 101 DEFIANCE DR
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: KIRK, TIM
Address: 219 TWIN LAKES LANE
City-St-Zip: DESTIN, FL 32541

Title: V ( ) Delete
Name: WAMPLER, KEN
Address: 310 LIRIOPE LOOP
City-St-Zip: DESTIN, FL 32541

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D ( ) Change (X) Addition
Name: DEANGELIS, ANDREA
Address: 217 TWIN LAKES LANE
City-St-Zip: DESTIN, FL 32541

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 04/28/2009

Electronic Signature of Signing Officer or Director — Date