2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2007
Secretary of State

DOCUMENT# N00000003608

Entity Name: TWIN LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

41521 STATE ROAD 19
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

41521 STATE ROAD 19
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 59-3681160 **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:

WHITMARSH, KENNETH R
41521 STATE ROAD 19
UMATILLA, FL 32784 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: KENNETH R. WHITMARSH
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WHITMARSH, KENNETH R
Address: 41521 STATE ROAD 19
City-St-Zip: UMATILLA, FL 32784

Title: DST ( ) Delete
Name: WHITMARSH, AMY B
Address: 41521 STATE ROAD 19
City-St-Zip: UMATILLA, FL 32784

Title: DV ( ) Delete
Name: DAVIES, EDWARD V
Address: 3825 NORTH HWY 15A
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WHITMARSH, KENNETH R
Address: 727 SHANE DRIVE
City-St-Zip: DELAND, FL 32720

Title: DST (X) Change ( ) Addition
Name: WHITMARSH, AMY B
Address: 727 SHANE DRIVE
City-St-Zip: DELAND, FL 32720

Title: ( ) Change ( ) Addition
Name:
Address:
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: AMY WHITMARSH DST 10/14/2007
Electronic Signature of Signing Officer or Director — Date