
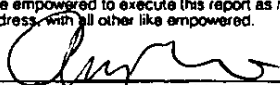


FILED
Mar 28, 2008 8:00 am
Secretary of State

03-06-2008 90041 043 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000003608		
1. Entity Name TWIN LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 41521 STATE ROAD 19 UMATILLA, FL 32784	Mailing Address 41521 STATE ROAD 19 UMATILLA, FL 32784	
DO NOT WRITE IN THIS SPACE		
		02262008 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-3681160		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WHITMARSH, KENNETH R 41521 STATE ROAD 19 UMATILLA, FL 32784		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE: DP NAME: WHITMARSH, KENNETH R STREET ADDRESS: 727 SHANE DRIVE CITY-STATE-ZIP: DELAND, FL 32720		DO NOT WRITE IN THIS SPACE
TITLE: DST NAME: WHITMARSH, AMY B STREET ADDRESS: 727 SHANE DRIVE CITY-STATE-ZIP: DELAND, FL 32720		
TITLE: DV NAME: DAVIES, EDWARD V STREET ADDRESS: 3825 NORTH HWY 15A CITY-STATE-ZIP: DELAND, FL 32724		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		DO NOT WRITE IN THIS SPACE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		3/24/08 386-734-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #