

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90227 017 ****61.25

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1. Entity Name
**THE TWIN PALMS RESORT CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**10519 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407 US**

Mailing Address
**1414 CO HWY 283 S
SUITE B
SANTA ROSA BEACH, FL 32459 US**

400000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
56-2350887

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILAM, DAVID
1414 CO HWY 283 S SUITE B
SANTA ROSA BEACH, FL 32459**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HANDLEY, CHRIS
STREET ADDRESS 2254 RICHMOND DR
CITY-ST-ZIP LITHIA SPRINGS, GA 30122

TITLE President ☒ Change ☐ Addition
NAME Chris Sadeloo
STREET ADDRESS 10614 Front Beach Rd. #1404
CITY-ST-ZIP Panama City Beach, FL 32407

TITLE VD ☐ Delete
NAME NORRIS, CARRIE
STREET ADDRESS 15125 N MERIDIAN RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE Vice President ☒ Change ☐ Addition
NAME William J Shaw
STREET ADDRESS 1041 Dials Plantation Dr.
CITY-ST-ZIP Slatton, GA 30666

TITLE SD ☐ Delete
NAME SHAW, WILLIAM J
STREET ADDRESS 1041 DIALS PLANTATION DR
CITY-ST-ZIP STATHAM, GA 30666

TITLE Secretary/Treasurer ☒ Change ☐ Addition
NAME Robert Birmingham
STREET ADDRESS 215 Kelsey Way
CITY-ST-ZIP Huntsville, AL 35804

TITLE D ☐ Delete
NAME NORRIS, CARRIE
STREET ADDRESS 1265 PENNY LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE Director ☒ Change ☐ Addition
NAME James Sundin
STREET ADDRESS 1009 Diana Merle Dr. N.
CITY-ST-ZIP N. Huntingdon, PA 15642

TITLE D ☐ Delete
NAME CARLISLE, RANDY
STREET ADDRESS PO BOX 1897
CITY-ST-ZIP KENNESAW, GA 30156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chris Sadeloo
Chris Sadeloo

04-29-2008