

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005601

FILED
Feb 26, 2009
Secretary of State

Entity Name: THE TWIN PALMS RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10519 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILAM, DAVID
1414 CO HWY 283 S SUITE B
SANTA ROSA BEACH, FL 32459 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: SEDALOO, CHRIS
Address: 6519 FRONT BEACH RD #1404
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: V () Delete
Name: SHAW, WILLIAM J
Address: 1041 DIALS PLANTATION DR
City-St-Zip: STATHAM, GA 30666

Title: ST () Delete
Name: BURNINGHAM, ROBERT
Address: 215 KELSEY LYNN
City-St-Zip: HUNTSVILLE, AL 35804

Title: D () Delete
Name: SUNDIN, JAMES
Address: 1809 DRANO MERLE DR N
City-St-Zip: N HUNTINGTON, PA 15642

Title: D () Delete
Name: CARLISLE, RANDY
Address: PO BOX 1897
City-St-Zip: KENNESAW, GA 30156

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: () 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: DAVID H. MILAM

RA

02/26/2009

Electronic Signature of Signing Officer or Director

Date