

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005601

FILED
Mar 12, 2012
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:

C/O SOUTHERN ASSOCIATION MANAGEMENT
4608 OPA LOCKA LANE SUITE 300
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 56-2350887 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOUTHERN ASSOCIATION MANAGEMENT
4608 OPA LOCKA LANE
SUITE 300
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
Name: DEAN, STEVE
Address: 9810 CALAMAR CT
City-St-Zip: LOUISVILLE, KY 40241 US

Title: V
Name: MUTIMER, JIM
Address: 587 S KEELET WOODS DR
City-St-Zip: MARIETTA, GA 30064 US

Title: ST
Name: MATSON, BOB
Address: 2774 DELWOOD AVE
City-St-Zip: ROSEVILLE, MN 55113 US

Title: D
Name: GRAY, ROBERT
Address: 1810 MORGAN WHIDDON RD
City-St-Zip: PERRY, FL 32347 US

Title: D
Name: KELLY, DAVID
Address: 61501 BREMEN HWY
City-St-Zip: MISHAWAKA, IN 46544 US

I hereby 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 all other like empowered.

SIGNATURE: JEFF CRESSE

CAM

03/12/2012

Electronic Signature of Signing Officer or Director

Date