

**Certified Mail # 7004 0550 0000 5429 8496**  
**2005 NOT-FOR-PROFIT CORPORATION**  
**ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90166 024 \*\*\*\*61.25

**DOCUMENT # N02000009969**

1. Entity Name  
**TWIN RIVERS ASSOCIATION, INC.**



Principal Place of Business  
**9115 58TH DRIVE EAST SUITE A**  
**BRADENTON, FL 34202**

Mailing Address  
**9115 58TH DRIVE EAST SUITE A**  
**BRADENTON, FL 34202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**16-1667444**

Applied For  
 Not Applicable

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

**D'URSO, LARRY**  
**9115 58TH DRIVE EAST SUITE A**  
**BRADENTON, FL 34202**

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, 2005**

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 O'URSO, JEREMY J  
 STREET ADDRESS 9115 58TH DRIVE EAST, STE. A  
 CITY-ST-ZIP BRADENTON, FL 34202

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

TITLE STD ☒ Delete  
 NAME PATRICK, CHRISTINA A  
 STREET ADDRESS 9115 58TH DRIVE EAST, STE. A  
 CITY-ST-ZIP BRADENTON, FL 34202

TITLE ☐ Change ☒ Addition  
 NAME *Secretary, Director*  
 STREET ADDRESS *Amy SANDS*  
 CITY-ST-ZIP *9115 58th Dr. E. Suite A*  
*Bradenton, FL 34202*

TITLE VD ☐ Delete  
 NAME SANDERS, LINDA K  
 STREET ADDRESS 9115 58TH DRIVE EAST, STE. A  
 CITY-ST-ZIP BRADENTON, FL 34202

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/25/05*

*941-753-7851*