

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 04, 2006 08:00 AM

7004 Secretary of State

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

04172006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
16-1667444

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

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, 2006

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 000000562347
CITY- ST- ZIP 05/19/06-80051-025 61.25

TITLE
NAME SD
SANDE, AMY ☐ Delete
STREET ADDRESS 9115 58TH DRIVE EAST, STE. A
CITY- ST- ZIP BRADENTON, FL 34202

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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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NAME ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

Linda K. Sanders Vice President

4/20/06

941-753-7851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #