2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State
06-14-2004 90285 001 ****61.25
06-14-2004 90285 002 *****8.75

66428074

DOCUMENT # N03000001477

1. Entity Name
TWIN PINES VILLAGE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1305 RIVER ROAD, S-~~5~~ A42 NORTH FORT MYERS, FL 33903 Twin Pines Village	1305 RIVER ROAD, S-~~5~~ A42 NORTH FORT MYERS, FL 33903

2. Principal Place of Business	3. Mailing Address
Twin Pines Village Suite, Apt. #, etc.	1305 River Rd 42A Suite, Apt. #, etc.
City & State: N. Ft. Myers	City & State: N. Ft. Myers
Zip: 33903 Country: Lee	Zip: 33903 Country: Lee

03132003 Chg-NP CR2E037 (10/03)

4. FEI Number ☐ 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
ST. LAURENT, LOUIS S 220 N.W. 122 AVENUE CORAL SPRINGSERS, FL 33071	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 September 8, 2004

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 / STREET ADDRESS / CITY-ST-ZIP	D PARKER, RUSS 1305 RIVER ROAD, S-B7 NORTH FORT MYERS, FL 33903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVE DOLTON, Pres. 1319 River Rd B07 N. Ft. Meyer, Fl. 33903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JIM 1305 RIVER ROAD, S-A5 NORTH FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLLEL, LINDA 1305 RIVER ROAD, S-42A NORTH FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN, CLAYTON 1305 RIVER ROAD, S-A16 NORTH FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, FLO 1305 RIVER ROAD, S-A34 NORTH FORT MYERS, FL 33903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Advisor Shirley Sisler 1319 River Rd B16 N. Ft. Myers Fl 33903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Linda Gollel, Sec. 6-10-04 239-656-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #