2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90389 001 ****61.25
03-03-2008 90389 002 *****8.75

DOCUMENT # N03000001477

1. Entity Name

TWIN PINES VILLAGE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1319 ~~1305~~ RIVER ROAD, ~~42A~~	4409 ~~4352~~ HITZING AVE.
NORTH FORT MYERS FL 33903	NORTH FORT MYERS FL 33903

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1319 River Road	4409 Hitzing Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Fort Myers, Fl.	City & State: North Fort Myers, Fl.
Zip: 33903 Country: USA	Zip: 33903 Country: USA

4. FEI Number: NO-T APPLICABLE — 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 9881 NW 54TH PLACE ~~POMPANO BEACH~~ FL 33076 Coral Springs, Fl. 33076	Name: St Laurent, Louis S. Street Address (P.O. Box Number is Not Acceptable): 9881 NW 54th Place City: Coral Springs FL Zip Code: 33076

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	P DOLTON, DAVE 4090 MAILBOX AVENUE NORTH FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DAVIS, JIM 4437 HITZING AVE. NORTH FORT MYERS FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLLEL, Linda 4352 Hitzing Ave. North Ft. Myers, Fl. 33903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUGHES, DEANNA 4352 HITZING AVE. NORTH FORT MYERS FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. JONES, Dianne 4409 Hitzing Ave. North Fort Myers, Fl. 33903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OLSZAK, JOHN C 4390 MAILBOX AVE. NORTH FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SISLER, SHIRLEY 4336 MAILBOX AVE. NORTH FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOILEL, LINDA 1305 RIVER ROAD. 42A NORTH FORT MYERS FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Boyle, Robert 4313 Hitzing Ave. North Ft. Myers, Fl. 33903	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dianne E Jones Dianne E. Jones 02/15/08 239/997-2600