2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N03000001477

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

Current Principal Place of Business:

1319 RIVER RD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

4409 HITZING AVE
NORTH FORT MYERS, FL 33903

New Mailing Address:

4374 MAILBOX AVE.
NORTH FORT MYERS, FL 33903

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ST. LAURENT, LOUIS S
9881 NW 54TH PL
POMPANO BEACH, FL 33076 US

Name and Address of New Registered Agent:

ST. LAURENT, LOUIS S
9881 NW 54TH PL
CORAL SPRINGS, FL 33076 US

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: 03/23/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DOLTON, DAVE
Address: 4090 MAILBOX AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP ( ) Delete
Name: GOLLER, LINDA
Address: 4352 HITZING AVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S ( ) Delete
Name: JONES, DIANNE
Address: 4409 HITZING AVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T ( ) Delete
Name: OLSZAK, JOHN C
Address: 4390 MAILBOX AVE.
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete
Name: SISLER, SHIRLEY
Address: 4336 MAILBOX AVE.
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Delete
Name: BOYLE, ROBERT
Address: 4313 HITZING AVE
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLSZAK, JOHN
Address: 4390 MAILBOX AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP (X) Change ( ) Addition
Name: KENT, JERRY
Address: 4438 HITZING AVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S (X) Change ( ) Addition
Name: JONES, DIANNE E
Address: 4374 MAILBOX AVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T (X) Change ( ) Addition
Name: MAUCH, ALBERT
Address: 4480 MAILBOX AVE.
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANNE E. JONES S 03/23/2009
Electronic Signature of Signing Officer or Director — Date