

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001477

FILED
Apr 12, 2010
Secretary of State

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:

4480 MAILBOX AVENUE
NORTH FORT MYERS, FL 33903

Current Mailing Address:

4374 MAILBOX AVE.
NORTH FORT MYERS, FL 33903

New Mailing Address:

4480 MAILBOX AVENUE
NORTH FORT MYERS, FL 33903

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: KENT, JERRY
Address: 4438 HITZING
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP
Name: HOOVER, VICKY
Address: 4476 MAILBOX AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S
Name: MAUCH, MARY A
Address: 4480 MAILBOX AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33903

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY ANN MAUCH

SEC

04/12/2010

Electronic Signature of Signing Officer or Director

Date