## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001477

FILED Jan 26, 2012 Secretary of State

US

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

Current Principal Place of Business: New Principal Place of Business:

4480 MAILBOX AVENUE

NORTH FORT MYERS, FL 33903

Current Mailing Address: 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: Name and Address of New Registered Agent:

ST. LAURENT, LOUIS S

9881 NW 54TH PL

CORAL SPRINGS, FL 33076 US

MAUCH, ALBERT

4480MAILBOXAVENUE

N.FT.MYERS, FL 33903

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: ALBERT MAUCH 01/26/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: I

Name: KENT, JERRY Address: 4438 HITZING

City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP

Name: GUFFEY, RON Address: 4292HITZING

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: TRUS

Name: KAYE, SCHNNEIDER Address: 4418MAILBOX 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: ALBERT MAUCH TREA 01/26/2012