2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008796

1. Entity Name
DAYTONA TWIN OAKS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
118 E STUART AVE LAKE WALES, FL 33853	118 E STUART AVE LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
37-1511002

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSSARTE, LAWRENCE A
118 E STUART AVE
LAKE WALES, FL 33853

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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)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOSSARTE, LAWRENCE A
STREET ADDRESS	3371 HARBOR BEACH DR
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	D
NAME	KENNEDY, THOMAS
STREET ADDRESS	2981 PLANTATION RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	BOSSARTE, CHERYL W
STREET ADDRESS	3371 HARBOR BEACH DR
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
01/20/06-80056-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cheryl W. Bossarte 1-11-06 863 679-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #