

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010736

FILED
Jul 24, 2009
Secretary of State

Entity Name: TWIN ANCHORS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

109 N ANGLERS DR UNIT 103
UNIT 202
MARATHON, FL 33050

New Principal Place of Business:

109 N ANGLERS DR
UNIT 101
MARATHON, FL 33050

Current Mailing Address:

109 N ANGLERS DR UNIT 103
MARATHON, FL 33050

New Mailing Address:

2713 S.W. 81 TERRACE
DAVIE, FL 33328

FEI Number: 20-1892479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTIN, JOHN
Address: 109 N ANGLERS DR UNIT 202
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: LATINO, BOB
Address: 109 N ANGLERS DR UNIT 202
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: LATINO, BOB
Address: 109 N ANGLERS DR UNIT 103
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: SAMUELS, RICK
Address: 109 N ANGLERS DR UNIT 202
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LATINO, ROBERT
Address: 109 N ANGLERS DR UNIT101
City-St-Zip: MARATHON, FL 33050

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

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: ROBERT LATINO

PRES

07/24/2009

Electronic Signature of Signing Officer or Director

Date