

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

DOCUMENT# N05000002205

**Entity Name:** THE RETREAT AT TWIN LAKES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8009 S. ORANGE AVE.  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

8009 S. ORANGE AVE.  
ORLANDO, FL 32809 US

**New Mailing Address:**

**FEI Number:** 59-3799638      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT  
8009 S. ORANGE AVE.  
ORLANDO, FL 32809 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 ( ) Delete  
Name: HENNESSY, JOSEPH D  
Address: 2487 S. VOLUSIA AVENUE, SUITE 105  
City-St-Zip: ORANGE CITY, FL 32763 US

Title: VP ( ) Delete  
Name: HAWKS, CANDICE H  
Address: 105 E. ROBINSON STREET, SUITE 312  
City-St-Zip: ORLANDO, FL 32801 US

Title: S/T ( ) Delete  
Name: GONZALEZ, ROLLIE  
Address: 105 E. ROBINSON STREET, SUITE 312  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: JOSEPH D. HENNESSY

P

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date