

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90149 005 ****61.25

DOCUMENT # N05000002636 1. Entity Name TWIN FOUNTAINS BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 290 N. US HWY. 1 ORMOND BCH, FL 32174			Mailing Address 290 N. US HWY. 1 ORMOND BCH, FL 32174		
2. Principal Place of Business - No P.O. Box # 925 BEVILLE RD.		3. Mailing Address 925 BEVILLE RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Box #15			
City & State SOUTH DAYTONA, FL		City & State SOUTH DAYTONA, FL		4. FEI Number 20-4364094	
Zip 32119		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SABOUNGI, HASSAN 290 N. US HWY. 1 ORMOND BCH, FL 32174			7. Name and Address of New Registered Agent Name JIM KNECHT Street Address (P.O. Box Number is Not Acceptable) 925 BEVILLE RD. SUITE #14 City SOUTH DAYTONA FL Zip Code 32119		
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 <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	SABOUNGI, HASSAN <input checked="" type="checkbox"/> Delete		TITLE PD	JIM KNECHT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 290 N. US HWY. 1	ORMOND BCH, FL 32174		STREET ADDRESS 925 BEVILLE RD. SUITE #14	SOUTH DAYTONA, FL 32119	
CITY-ST-ZIP ORMOND BCH, FL 32174			CITY-ST-ZIP SOUTH DAYTONA, FL 32119		
TITLE TVD	SABOUNGI, MAHMOUD <input checked="" type="checkbox"/> Delete		TITLE TVD	TCM ARNOLD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 290 N. US HWY. 1	ORMOND BCH, FL 32174		STREET ADDRESS 925 BEVILLE RD. SUITE #2	SOUTH DAYTONA, FL 32119	
CITY-ST-ZIP ORMOND BCH, FL 32174			CITY-ST-ZIP SOUTH DAYTONA, FL 32119		
TITLE SD	KHABAZEH, M. MOUNIR <input checked="" type="checkbox"/> Delete		TITLE SD	AMY VANDIVIER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 290 N. US HWY. 1	ORMOND BCH, FL 32174		STREET ADDRESS 925 BEVILLE RD. SUITE #2	SOUTH DAYTONA, FL 32119	
CITY-ST-ZIP ORMOND BCH, FL 32174			CITY-ST-ZIP SOUTH DAYTONA, FL 32119		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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:			JIM R. KNECHT, PRESIDENT 2-13-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		