

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002636

FILED
Jan 20, 2009
Secretary of State

Entity Name: TWIN FOUNTAINS BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

925 BEVILLE RD
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

925 BEVILLE RD
BOX #15
SOUTH DAYTONA, FL 32119

New Mailing Address:

FEI Number: 20-4364094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KVECHT, JIM
925 BEVILLE RD SUITE 14
SOUTH DAYTONA, FL 32119 US

Name and Address of New Registered Agent:

KNECHT, JIM
925 BEVILLE RD SUITE 14
SOUTH DAYTONA, FL 32119 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: JIM KNECHT

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNECHT, JIM
Address: 925 BEVILLE RD SUITE #14
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: TVD () Delete
Name: ARNOLD, TOM
Address: 925 BEVILLE RD SUITE #1
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: SD () Delete
Name: VANDIVIER, AMY
Address: 925 BEVILLE RD SUITE #2
City-St-Zip: SOUTH DAYTONA, FL 32119

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 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: TOM ARNOLD

TVD

01/20/2009

Electronic Signature of Signing Officer or Director

Date