

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002636

FILED  
Mar 25, 2011  
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  
#15  
SOUTH DAYTONA, FL 32119

**Current Mailing Address:**

925 BEVILLE RD  
BOX #15  
SOUTH DAYTONA, FL 32119

**New Mailing Address:**

925 BEVILLE RD  
#15  
SOUTH DAYTONA, FL 32119

**FEI Number:** 20-4364094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TOM ARNOLD

TVD

03/25/2011

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

\_\_\_\_\_  
Date