

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90060 049 \*\*\*\*70.00

<b>DOCUMENT # N05000006546</b>					
<b>1. Entity Name</b> TWIN LAKES HOMEOWNER'S ASSOCIATION OF ST. AUGUSTINE, INC.					
<b>Principal Place of Business</b> 105 MARSHALL CIRCLE SAINT AUGUSTINE, FL 32086			<b>Mailing Address</b> 3501-B N PONCE DE LEON BLVD PMB 367 ST AUGUSTINE, FL 32084		
<b>2. Principal Place of Business - No P.O. Box #</b> 3336 Carmel Rd.		<b>3. Mailing Address</b> P.O. Box 100			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> St. Augustine, FL		<b>City &amp; State</b> St. Augustine, FL		<b>4. FEI Number</b> 56-2574677	
<b>Zip</b> 32086		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BROWN, RONALD W 66 CUNA ST STE A ST AUGUSTINE, FL 32084			<b>7. Name and Address of New Registered Agent</b> Name: George Kapler Street Address (P.O. Box Number is Not Acceptable): 3336 Carmel Rd. City: St. Augustine, FL Zip Code: 32086		
<b>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.</b> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete KAPLER, GEORGE 3501-B N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete KAPLER, MAGGIE 3501-B N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete ROY, GLENDA 3501-B N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3336 Carmel Rd. St. Augustine, FL 32086				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3336 Carmel Rd. St. Augustine, FL 32086				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 13933 St. Augustine, FL 32085				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2-1-08 Daytime Phone #: 904 797-2211					