

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006546

FILED
Apr 17, 2009
Secretary of State

Entity Name: TWIN LAKES HOMEOWNER'S ASSOCIATION OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

3336 CARMEL RD
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

780 N. PONCE DE LEON BOULEVARD
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

PO BOX 100
SAINT AUGUSTINE, FL 32085

New Mailing Address:

POST OFFICE DRAWER 3007
SAINT AUGUSTINE, FL 32085

FEI Number: 56-2574677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLER, GEORGE
3336 CARMEL RD
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

BAILEY, JOHN D JR.
780 N. PONCE DE LEON BOULEVARD
SAINT AUGUSTINE, FL 32084 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: JOHN D. BAILEY, JR.

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAPLER, GEORGE
Address: 3336 CARMEL RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: KAPLER, MAGGIE
Address: 3336 CARMEL RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: ROY, GLENDA
Address: PO BOX 13933
City-St-Zip: SAINT AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: DIRMYER, ROBERT W
Address: 100 SOUTHPARK BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DVPT (X) Change () Addition
Name: HORTON, JAMES W JR.
Address: 100 SOUTHPARK BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D/S (X) Change () Addition
Name: BAILEY, JOHN D JR.
Address: 780 N. PONCE DE LEON BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: JOHN D. BAILEY, JR.

D/S

04/17/2009

Electronic Signature of Signing Officer or Director

Date