

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006546

FILED  
Feb 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

10000 GATE PARKWAY NORTH  
926  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 56-2574677

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SESSIONS REALTY  
10000 GATE PARKWAY N  
926  
JACKSONVILLE, FL 32246 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: D/P  
Name: JOSHUA, FRITZ  
Address: 73 SOUTH TWIN MAPLE ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: D/S  
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 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: CKINCAID

MGR

02/08/2012

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

\_\_\_\_\_  
Date