


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90064 008 \*\*\*\*61.25

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| <b>DOCUMENT # N05000010991</b>   |  |  |   |   |  |  |
| <b>1. Entity Name</b><br>TWINLEAF CONDOMINIUM ASSOCIATION, INC.  |  |  |   |  |  |  |
| <b>Principal Place of Business</b><br>5210 BELFORT ROAD, SUITE 400<br>JACKSONVILLE, FL 32256   |  |  | <b>Mailing Address</b><br>6320 ST. AUGUSTINE RD<br># 6B<br>JACKSONVILLE, FL 32217 |  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |  | <b>3. Mailing Address</b><br>11555 CENTRAL PARKWAY   |   |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.<br>603   |   |  |  |  |
| <b>City &amp; State</b>  |  | <b>City &amp; State</b><br>JACKSONVILLE FL   |   | <b>4. FEI Number</b><br>55-0911404   |  |  |
| <b>Zip</b>   |  | <b>Country</b><br>32224  |   | <b>Country</b><br>DUVAL  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>STERLING FIN. & MGMT., INC.<br>6320 ST. AUGUSTINE ROAD, SUITE 6B<br>JACKSONVILLE, FL 32217   |  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>11555 CENTRAL PARKWAY STE 603<br>City JACKSONVILLE FL Zip Code 32224 |  |  |
| <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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |  | <b>9. Election Campaign Financing</b><br>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>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                      |  |  |  |
| <b>TITLE</b><br>DP   | <b>NAME</b><br>GENOVESE, WILLIAM             |  | <input type="checkbox"/> Delete   | <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>STREET ADDRESS</b><br>5210 BELFORT ROAD, SUITE 400  | <b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32256 |  |   | <b>NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br>DV   | <b>NAME</b><br>GORTON, LORI                  |  | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>5210 BELFORT ROAD, SUITE 400  | <b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32256 |  |   | <b>NAME</b><br>DIANNESCHI, PATRICIA  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>DST  | <b>NAME</b><br>COVELL, RICK                  |  | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>5210 BELFORT RD, STE 400  | <b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32256 |  |   | <b>NAME</b><br>BUD, SHAWN  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b>   | <input type="checkbox"/> Delete              |  |   | <b>STREET ADDRESS</b><br>5210 BELFORT RD STE 400   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b>  | <input type="checkbox"/> Delete              |  |   | <b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32256   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete              |  |   | <b>TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b>   | <input type="checkbox"/> Delete              |  |   | <b>NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>STREET ADDRESS</b>  | <input type="checkbox"/> Delete              |  |   | <b>STREET ADDRESS</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete              |  |   | <b>CITY-ST-ZIP</b>   | <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> <i>William Genovesi</i>  |  |  |   | 4-2-07 904-425-6447  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |   | Date Daytime Phone #   |  |  |