

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010991

FILED
Mar 17, 2009
Secretary of State

Entity Name: TWINLEAF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11555 CENTRAL PKWY
603
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

6620 SOUTHPOINT DR S
610
JACKSONVILLE, FL 32216 US

Current Mailing Address:

11555 CENTRAL PKWY
603
JACKSONVILLE, FL 32224 US

New Mailing Address:

6620 SOUTHPOINT DR S
610
JACKSONVILLE, FL 32216 US

FEI Number: 55-0911404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERLING FIN. & MGMT., INC.
1555 CENTRAL PKWY STE 603
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

STERLING FIN. & MGMT., INC.
6620 SOUTHPOINT DR S
610
JACKSONVILLE, FL 32216 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: DAVID LITTLE

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GENOVESE, WILLIAM
Address: 5210 BELFORT ROAD, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: DV () Delete
Name: GIANNESCHI, PATRICIA
Address: 6716 WHITE BLOSSOM CIRCLE
City-St-Zip: JACKSONVILLE, FL 32258

Title: DST () Delete
Name: BUDD, SHAWN
Address: 5210 BELFORT RD, STE 400
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCLEAN, MIKE
Address: 6678 WHITE BLOSSOM CIRCLE
City-St-Zip: JACKSONVILLE, FL 32258

Title: DST (X) Change () Addition
Name: BRAUN, CHRISTINE
Address: 5210 BELFORT RD, STE 400
City-St-Zip: JACKSONVILLE, FL 32256

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: BILL GENOVESE

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date