


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011822 1. Entity Name TWIN SPIRES PLANTATION HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 6833 CEDAR RIDGE DRIVE PENSACOLA, FL 32526	Mailing Address 6833 CEDAR RIDGE DRIVE PENSACOLA, FL 32526
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FACIANE, RICKY L
6833 CEDAR RIDGE DRIVE
PENSACOLA, FL 32526**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FACIANE, RICKY L
STREET ADDRESS	8608 EIGHT MILE CREEK RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	D
NAME	FACIANE, RICKY L
STREET ADDRESS	8608 EIGHT MILE CREEK RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	D
NAME	SPERANZO, DANIEL J
STREET ADDRESS	8608 EIGHT MILE CREEK RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/07-800333-016 70.00

**DO NOT WRITE
IN THIS SPACE**

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 reports 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.

SIGNATURE  **2/26/07** 
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone