

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N06000002466

1. Entity Name
TWIN PONDS SUBDIVISION HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
810 EAST FAIRBANKS FERRY ROAD
810 EAST 5TH AVE
HAVANA, FL 32333

Mailing Address
PO BOX 546
HAVANA, FL 32333



02252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8374899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, BETTY B
810 EAST FAIRBANKS ROAD
HAVANA, FL 32333

**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

Betty B West Betty B West

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	BUTLER, JR., C. VICTOR
STREET ADDRESS	3185 S. CONWAY ROAD
CITY-ST-ZIP	ORLANDO, FL 32333
TITLE	PST
NAME	WEST, BETTY B
STREET ADDRESS	P.O. BOX 546
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/08-80090-019 61.25

**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 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

SIGNATURE:

Betty B West Betty B West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #