2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07000005393

Entity Name: TWIN RIVERS PRESERVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9428 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE, FL 32256

New Principal Place of Business:

9995 GATE PARKWAY N
SUITE 400
JACKSONVILLE, FL 32246

Current Mailing Address:

9428 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE, FL 32256

New Mailing Address:

9995 GATE PARKWAY N
SUITE 400
JACKSONVILLE, FL 32246

FEI Number: 26-0517897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOFFLET, KELLY
9428 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

STOFFLET, KELLY
9995 GATE PARKWAY N
SUITE 400
JACKSONVILLE, FL 32246 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: _____ 04/15/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOREE, GREGORY
Address: 9428 BAYMEADOWS ROAD, SUITE 230
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD ( ) Delete
Name: RITCH, TIMOTHY
Address: 9428 BAYMEADOWS ROAD, SUITE 230
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD ( ) Delete
Name: STOFFLET, KELLY
Address: 9428 BAYMEADOWS ROAD, SUITE 230
City-St-Zip: JACKSONVILLE, FL 32256

Title: T ( ) Delete
Name: KAVALIEROS, NICK
Address: 9428 BAYMEADOWS ROAD, SUITE 230
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: RITCH, TIMOTHY
Address: 9995 GATE PARKWAY N SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD (X) Change ( ) Addition
Name: STOFFLET, KELLY
Address: 9995 GATE PARKWAY N SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Change ( ) Addition
Name: KAVALIEROS, NICK
Address: 9995 GATE PARKWAY N SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

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: TIMOTHY RITCH VPD 04/15/2009
Electronic Signature of Signing Officer or Director — Date