

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006052

FILED
Feb 19, 2009
Secretary of State

Entity Name: TWIN TIMBERS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

519 NW CRAWFORD CT
WINTER SPRINGS, FL 32096

New Principal Place of Business:

14952 US HIGHWAY 90
LIVE OAK, FL 32060

Current Mailing Address:

519 NW CRAWFORD CT
WINTER SPRINGS, FL 32096

New Mailing Address:

14952 US HIGHWAY 90
LIVE OAK, FL 32060

FEI Number: 26-0448193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, DANA S
519 NW CRAWFORD CT
WINTER SPRINGS, FL 32096 US

Name and Address of New Registered Agent:

LAWSON, WALTER J
14952 US HIGHWAY 90
LIVE OAK, FL 32060 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: WALTER J. LAWSON

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAWSON, NORMA A
Address: 20555 76TH STREET
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: HAYNES, CURTIS J
Address: 519 NW CRAWFORD CT
City-St-Zip: WINTER SPRINGS, FL 32096

Title: D (X) Delete
Name: HAYNES, DANA S
Address: 519 NW CRAWFORD CT
City-St-Zip: WINTER SPRINGS, FL 32096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LAWSON, WALTER J
Address: 20555 76TH STREET
City-St-Zip: LIVE OAK, FL 32060

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

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: WALTER J. LAWSON

D

02/19/2009

Electronic Signature of Signing Officer or Director

Date