


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90104 022 \*\*\*\*61.25

<b>DOCUMENT # N10671</b>		
1. Entity Name <b>THE LAKE FOREST TWIN LAKES PROPERTY OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>4020 SW 33RD STREET HOLLYWOOD, FL 33023 US</b>		Mailing Address <b>4020 SW 33RD STREET HOLLYWOOD, FL 33023 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>FYFFE, SHARON M 4020 SW 33RD STREET HOLLYWOOD, FL 33023</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FYFFE, SHARON M 4020 SW 33RD STREET HOLLYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAPTY, MARY 3320 SW 40TH AVE HOLLYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESHLEMAN, HELEN C 4030 SW 33 ST. HOLLYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, SYLVINE 4629 SW 31 DR. HOLLYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONAS, VICKIE 3832 SW 33RD CT HOLLYWOOD, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, MELBA 4031 SW 31ST DR HOLLYWOOD, FL 33023	
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.		
<b>SIGNATURE:</b> <i>Sharon Fyffe</i>		<b>4-11-08</b> <b>954-963-7745</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04092008 No Chg-NP CR2E037 (4/08)

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

**DO NOT WRITE  
IN THIS SPACE**