

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:19

DOCUMENT # N10838 (3)

1. Corporation Name
TWIN PARK RESIDENTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
4788 SANDY SHORE DR. ORLANDO FL 32810-5721 **4788 SANDY SHORE DR. ORLANDO FL 32810-5721**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/23/1985** 3a. Date of Last Report **03/17/1994**
4. FEI Number **59-2607156** Applied For
Not Applicable

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ANEN, RUSSELL E
4788 SANDY SHORE DR.
ORLANDO FL 32810

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANEN, RUSSELL E
STREET ADDRESS	4788 SANDY SHORE DR.
CITY - ST - ZIP	ORLANDO FL 32810
TITLE	VPD
NAME	FISK, JOSEPH
STREET ADDRESS	4783 SANDY SHORE DR.
CITY - ST - ZIP	ORLANDO FL 32810
TITLE	SD
NAME	ANEN, CAROL
STREET ADDRESS	4788 SANDY SHORE DR.
CITY - ST - ZIP	ORLANDO FL 32810
TITLE	TD
NAME	ARSENAULT, ROSEMARY
STREET ADDRESS	4781 SANDY SHORE DR.
CITY - ST - ZIP	ORLANDO FL 32810
TITLE	BMD
NAME	COLLIER, BECKY
STREET ADDRESS	4740 SANDY SHORE DR.
CITY - ST - ZIP	ORLANDO FL 32810
TITLE	BC
NAME	FISK, JOSEPH
STREET ADDRESS	4783 SANDY SHORE DR.
CITY - ST - ZIP	ORLANDO FL 32810

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 A2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosemary Arsenault* MARCH 17, 95 - 578-6386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number