

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
08/23/1985

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 **4788 SANDY SHORE DR**

26 **SAME**

4. FEI Number

59-2607156

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **FLORIDA (ORLANDO)**

27 **SAME**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

City & State

City & State

23 **FLORIDA (ORLANDO)**

28 **SAME**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

Zip

Country

Zip

Country

24 **32810**

ORLANDO

29 **SAME**

30 **SAME**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANEN, RUSSELL E
4788 SANDY SHORE DR.
ORLANDO FL 32810

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

SAME

83

SAME

84 City

SAME

FL

85

Zip Code

SAME

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**
ANEN, RUSSELL E
STREET ADDRESS **4788 SANDY SHORE DR.**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ DELETE

NAME **VPO**
FISK, JOSEPH
STREET ADDRESS **4793 SANDY SHORE DR.**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ DELETE

NAME **SD**
ANEN, CAROL
STREET ADDRESS **4788 SANDY SHORE DR.**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☒ DELETE

NAME **TD**
ARSENAULT, ROSEMARY
STREET ADDRESS **4761 SANDY SHORE DR.**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☒ DELETE

NAME **BMD**
COLLIER, BECKY
STREET ADDRESS **4740 SANDY SHORE DR.**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ DELETE

NAME **BC**
FISK, JOSEPH
STREET ADDRESS **4793 SANDY SHORE DR.**
CITY-ST-ZIP **ORLANDO FL 32810**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 119.07(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

2/9/96

298-6351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL E. ANEN PRESIDENT

CR2E037 (12/95)