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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2607156

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4788 SANDY SHORE DR

26 4788 SANDY SHORE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4788 SANDY SHORE DR

27 4788 SANDY SHORE DR

City & State

City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

Zip

Country

Zip

Country

24 32810

25 USA

29 32810

30 USA

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

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

MAY 9, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **FISK, JOSEPH**
CITY-ST-ZIP **4793 SANDY SHORE DR.
ORLANDO FL 32810**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **HOWE, CONNIE**
CITY-ST-ZIP **4738 SANDYSHORE DR.
ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **RUSSELL E. ANEN PRES MAY 9 407-998-6351**

CR2E037 (10/97)