


FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90124 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N10838					
1. Corporation Name TWIN PARK RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 4788 SANDY SHORE DR. ORLANDO FL 32810-5721 US			Mailing Address 4788 SANDY SHORE DR. ORLANDO FL 32810-5721		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4790 SANDY SHORES DR.		26 4790 SANDY SHORES DR.		08/23/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2607156	
City & State		City & State		Applied For	
23 ORLANDO, FL		28 ORLANDO, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32810		29 32810		30 US	
Country		Country		8.75 Additional Fee Required	
25 US		30 US		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

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 Russell E. Anen DATE 3-8-99

Signatures, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD & CH	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANEN, RUSSELL E			1.2 NAME			
STREET ADDRESS	4788 SANDY SHORE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32810			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FIK, JOSEPH			2.2 NAME			
STREET ADDRESS	4793 SANDY SHORE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32810			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANEN, CAROL			3.2 NAME			
STREET ADDRESS	4788 SANDY SHORE DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32810			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOWE, CONNIE			4.2 NAME			
STREET ADDRESS	4738 SANDYSHORE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE	BC	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FIK, JOSEPH			5.2 NAME			
STREET ADDRESS	4793 SANDY SHORE DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32810			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Neil Dillard DATE: 3-8-99 (407) 246-2620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)