## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N10838** May 17, 2000 8:00 am 1. Entity Name Secretary of State TWIN PARK RESIDENTS ASSOCIATION, INC. 05-17-2000 90946 002 \*\*\*\*61.25 Principal Place of Business Mailing Address 4790 SANDY SHORES DRIVE 4790 SANDY SHORES DRIVE ORLANDO FL 32810-5720 ORLANDO FL 32810-5721 2. Principal Place of Business 3. Mailing Address Shores Dr. 4753 SAn Jose ph Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Ando 59-2607 156 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 4Ange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent oseph Street Address (P.O. Box Number is Not Acceptable) ANEN, RUSSELL E 4788 SANDY SHORE DR. QRLANDO FL 32810 Zip Code City 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. SIGNATURE ted name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Joseph G. Fick PD ☐ Addition PD Delete TITLE NAME ANEN, RUSSELL E 4753 Sandy Shores Dr. STREET ADDRESS 4788 SANDY SHORE DR. STREET ADDRESS rlando Fi CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Neil Dillard 4734 Sandy Shores Dr. VP ☐ Delete TITLE TITLE NAME NAME DILLARD, NEIL STREET ADDRESS STREET ADDRESS 4734 SANDY SHORES DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Delete Addition SD TITLE TITLE NAME NAME anen, Carol STREET ADDRESS STREET ADDRESS 4788 SANDY SHORE DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 ☐ Change ■ Addition ☐ Delete TITLE TITLE TNAME NAME SMITH, EDITH andy Shores DK. STREET ADDRESS STREET ADDRESS 4790 SANDY SHORES DRIVE CITY-ST-ZIP CITY-ST-7/E ORLANDO FL 32810 Delete Addition BM Change TITLE NAME NAME **TOOLE, CONNIE** SANdy Shores Dr., STREET ADDRESS STREET ADDRESS 4777 SANDY SHORES DRIVE 32810 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32810 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME

12. 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNAURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2000

407-291-8943

Daytime Phone #