

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 # **N11632 (9)**

1. Corporation Name

TWIN SHORES MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

61 TWIN SHORES BLVD.
LONGBOAT KEY FL 34228
US

61 TWIN SHORES BLVD.
LONGBOAT KEY FL 34228
US

3. Date Incorporated or Qualified: **10/17/1985**
3a. Date of Last Report: **08/25/1995**

2. Principal Place of Business: **21 72 Twin Shores Blvd**
2a. Mailing Address: **26 72 Twin Shores Blvd**

4. FEI Number: **65-0036798**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 Longboat Key, Fl**
27. City & State: **28 Longboat Key, Fl**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 34228** Country: **25 USA**
Zip: **29 34228** Country: **30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUOMA, MELVIN
61 TWIN SHORES BLVD
LONGBOAT KEY FL 34228

81 Name: **Durand, Monica H.**
82 Street Address (P.O. Box Number is Not Acceptable): **72 Twin Shores Blvd**
83
84 City: **Longboat Key** FL 85 Zip Code: **34228**

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: *Monica H. Durand*
Signature typed or printed name of registered agent and filed application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, AMY	
STREET ADDRESS	119 TWIN SHORES BLVD	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	EWERT, ERLE	
STREET ADDRESS	39 TWIN SHORES BLVD.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NIHILL, JOHN	
STREET ADDRESS	36 TWIN SHORES BLVD.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DURAND, MONICA	
STREET ADDRESS	72 TWIN SHORES BLVD.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, HAROLD	
STREET ADDRESS	74 TWIN SHORES BLVD	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LUOMA, MELVIN	
STREET ADDRESS	61 TWIN SHORES BLVD.	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURQUE, ROSEMARIE	
STREET ADDRESS	98 Twin Shores Blvd	
CITY-ST-ZIP	Longboat Key, Fl 34228	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALERA, CIRO	
STREET ADDRESS	19 TWIN SHORES BLVD	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBMAN, KENNETH	
STREET ADDRESS	87 TWIN SHORES, BLVD	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELY, BRUCE	
STREET ADDRESS	55 TWIN SHORES BLVD	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVI, MARIO N.	
STREET ADDRESS	34 TWIN SHORES BLVD	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

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: *Mario N. Novi*
MARIO N. NOVI, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 1996
Date

941-383-1125
Estate Phone #

CR2E037 (12/95)

ATTACHMENT

DOCUMENT # N11632 (9)

1. Corporation Name

TWIN SHORES MOBILE HOME OWNERS ASSOCIATION, INC.

ITEM 13: Cont'd

7.1 Title	D	X Addition
7.2 Name	DELANDE, EDWARD	
7.3 Street Address	28 TWIN SHORES BLVD	
7.4 City, St, ZIP	LONGBOAT KEY, FL 34228	

SIGNATURE:

Mario N. Novi

MARIO N. NOVI, Treas.

Feb 7, 1996

941 383-1125

SIGNATURE & TYPED NAME OF SIGNING OFF

DATE

DAYTIME PHONE #