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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

72 TWIN SHORES BLVD
LONGBOAT KEY FL 34228
US

72 TWIN SHORES BLVD
LONGBOAT KEY FL 34228-2713
US

3. Date Incorporated or Qualified
10/17/1985

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0036798

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURAND, MONICA H
72 TWIN SHORE BLVD
LONGBOAT KEY FL 34228

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S DELETE
NAME BOURQUE, ROSEMARIE
STREET ADDRESS 98 TWIN SHORES BLVD
CITY-ST-ZIP LONGBOAT KEY FL

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

TITLE VPD DELETE
NAME SCALERA, CIRO
STREET ADDRESS 19 TWIN SHORES BLVD
CITY-ST-ZIP LONGBOAT KEY FL

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

TITLE D DELETE
NAME REBEN, KENNETH
STREET ADDRESS 87 TWIN SHORES BLVD
CITY-ST-ZIP LONGBOAT KEY FL

3.1 TITLE Change Addition
3.2 NAME REBMAN, KENNETH
3.3 STREET ADDRESS 87 TWIN SHORES BLVD
3.4 CITY-ST-ZIP LONGBOAT KEY, FL

TITLE PD DELETE
NAME DURAND, MONICA
STREET ADDRESS 72 TWIN SHORES BLVD.
CITY-ST-ZIP LONGBOAT KEY FL 34228

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

TITLE D DELETE
NAME KELLY, BRUCE
STREET ADDRESS 55 TWIN SHORES BLVD
CITY-ST-ZIP LONGBOAT KEY FL

5.1 TITLE Change Addition
5.2 NAME KELLEY, BRUCE
5.3 STREET ADDRESS 55 TWIN SHORES BLVD
5.4 CITY-ST-ZIP LONGBOAT KEY, FL

TITLE TD DELETE
NAME NOVI, MARIO N
STREET ADDRESS 34 TWIN SHORES BLVD
CITY-ST-ZIP LONGBOAT KEY FL

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

14. I do 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: MARIO N. NOVI, Director

Jan 8, 1997 941 383-1125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062581

CR2E037 (9/96)