

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 72 TWIN SHORES BLVD, LONGBOAT KEY FL 34228, US
Mailing Address: 72 TWIN SHORES BLVD, LONGBOAT KEY FL 34228, US

3. Date Incorporated or Qualified: 10/17/1985
4. FEI Number: 65-0036798
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 55 TWIN SHORES BLVD, 22 Longboat Key, FL, 23 34228, 24 25 US
2a. Mailing Address: 26 55 TWIN SHORES BLVD, 27 Longboat Key, FL, 28 34228, 29 30 US

9. Name and Address of Current Registered Agent: DURAND, MONICA H, 72 TWIN SHORE BLVD, LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent: 81 Name: KELLEY, BRUCE, 82 Street Address: 55 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: *J. Bruce Kelley* DATE: 2/3/98

12. OFFICERS AND DIRECTORS

TITLE: S	NAME: BOURQUE, ROSEMARIE	STREET ADDRESS: 98 TWIN SHORES BLVD	CITY-ST-ZIP: LONGBOAT KEY FL	<input checked="" type="checkbox"/> DELETE
TITLE: VPD	NAME: SCALERA, CIRO	STREET ADDRESS: 19 TWIN SHORES BLVD	CITY-ST-ZIP: LONGBOAT KEY FL	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: REBMAN, KENNETH	STREET ADDRESS: 87 TWIN SHORES BLVD	CITY-ST-ZIP: LONGBOAT KEY FL	<input checked="" type="checkbox"/> DELETE
TITLE: PD	NAME: DURAND, MONICA	STREET ADDRESS: 72 TWIN SHORES BLVD.	CITY-ST-ZIP: LONGBOAT KEY FL 34228	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: KELLEY, BRUCE	STREET ADDRESS: 55 TWIN SHORES BLVD	CITY-ST-ZIP: LONGBOAT KEY FL	<input type="checkbox"/> DELETE
TITLE: TD	NAME: NOVI, MARIO N	STREET ADDRESS: 34 TWIN SHORES BLVD	CITY-ST-ZIP: LONGBOAT KEY FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: SID	1.2 NAME: MURRAY, EDMOND	1.3 STREET ADDRESS: 43 TWIN SHORES BLVD	1.4 CITY-ST-ZIP: LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: VAD	2.2 NAME: ENNERER, FLORENCE	2.3 STREET ADDRESS: 99 TWIN SHORES BLVD	2.4 CITY-ST-ZIP: LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: D	3.2 NAME: DRAYLING, JAMES A.	3.3 STREET ADDRESS: 30 TWIN SHORES BLVD	3.4 CITY-ST-ZIP: LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: D	4.2 NAME: MORRISON, MAX F.	4.3 STREET ADDRESS: 12 TWIN SHORES BLVD	4.4 CITY-ST-ZIP: LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: PID	5.2 NAME: KELLEY, BRUCE	5.3 STREET ADDRESS: 55 TWIN SHORES BLVD	5.4 CITY-ST-ZIP: LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mario N. Novi, TREAS.* DATE: 2/3/98 94-383-1125

CR2E037 (10/97)

ATTACHMENT 10 NONPROFIT CORPORATION ANNUAL REPORT
FOR 1998

Item 12 Continued:

D

DELANDE, EDWARD J.
28 TWIN SIDINGS BLVD
LUNGBORN KY 40342-2288