

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11632

1. Entity Name

TWIN SHORES MOBILE HOME OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90032 005 \*\*\*\*61.25

Principal Place of Business 3740 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 US	Mailing Address 3740 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-2702 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0036798</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**KORP, WILLIAM R.**  
**333 SOUTH TAMiami TRAIL**  
**SUITE 199**  
**VENICE FL 34285**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61:25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, EDMOND</b>	
STREET ADDRESS	<b>3740 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>ENNEPER, FLORENCE</b>	
STREET ADDRESS	<b>3740 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARD, FRED V</b>	
STREET ADDRESS	<b>3740 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COLLIER, DORIS H</b>	
STREET ADDRESS	<b>3740 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KELLEY, BRUCE</b>	
STREET ADDRESS	<b>3740 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NOVI, MARIO</b>	
STREET ADDRESS	<b>3740 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Peter Dolan</b>	
STREET ADDRESS	<b>3740 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Patricia Novi</b>	
STREET ADDRESS	<b>3740 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORIS COLLIER</b>	
STREET ADDRESS	<b>3740 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bruce Kelley</b>	
STREET ADDRESS	<b>3740 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Edmond F Murray Secretary 3-31-00 (941) 387-9059  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)