

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90009 016 ****61.25

DOCUMENT # N11632

1. Entity Name

TWIN SHORES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3740 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228
 US**

**3740 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0036798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, EDMOND	
STREET ADDRESS	3740 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FURNISS, GERRY	
STREET ADDRESS	3740 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, FRED V	
STREET ADDRESS	3740 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOLAN, PETER	
STREET ADDRESS	3740 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KELLEY, BRUCE	
STREET ADDRESS	3740 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOVI, PAT	
STREET ADDRESS	3740 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02
 Date

941-389-1646
 Daytime Phone #

CR2E037 (9/01)