

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11632

FILED
Apr 07, 2005
Secretary of State

Entity Name: TWIN SHORES MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3740 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

3740 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 65-0036798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORP, WILLIAM R.
240 S. PINEAPPLE AVENUE
9TH FLOOR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BREWER, MANDY
Address: 3740 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: FURNISS, GERRY
Address: 3740 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: COCHRANE, DARRYL
Address: 3740 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: PD () Delete
Name: DOLAN, PETER
Address: 3740 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VPD () Delete
Name: KELLEY, BRUCE
Address: 3740 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD () Delete
Name: NOVI, PAT
Address: 3740 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BALERNA, JOHN
Address: 3740 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER DOLAN

PD

04/07/2005

Electronic Signature of Signing Officer or Director

_____ Date