

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90002 019 ****61.25



DOCUMENT # N11632
 1. Entity Name
TWIN SHORES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2180 WEST SR 434, SUITE 5000 2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32779-5044 LONGWOOD FL 32779-5044
 US US



2. Principal Place of Business - No P.O. Box #
Beth Callans Management
 Suite, Apt. #, etc. *Suite 200 595 Bay Isles Rd*
 City & State *Longboat Key, FL*
 Zip *34228* Country *USA*

3. Mailing Address
Beth Callans Management
 Suite, Apt. #, etc. *Suite 200 595 Bay Isles Rd*
 City & State *Longboat Key, FL*
 Zip *34228* Country *USA*

2nd MOORE CR2E037 (4/07)

4. FEI Number **65-0036798** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
KORP, WILLIAM R.
240 S.-PINEAPPLE AVENUE
9TH FLOOR
SARASOTA FL 34236

7. Name and Address of New Registered Agent
 Name *Carol L Birdwell c/o Beth Callans Mgmt*
 Street Address (P.O. Box Number is Not Acceptable) *595 Bay Isles Road Suite 200*
 City *Longboat Key* FL Zip Code *34228*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol L Birdwell* LEAM *Carol L Birdwell* LEAM 8/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BALERNA, JOHN	
STREET ADDRESS	3740 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input checked="" 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	COCHRANE, DARRYL	
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	D	<input type="checkbox"/> Delete
NAME	BREWER, JOHN	
STREET ADDRESS	3740 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DELANDE, JANET	
STREET ADDRESS	3740 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Pat Novi</i>	
STREET ADDRESS	<i>3740 Gulf of Mexico Dr</i>	
CITY-ST-ZIP	<i>Longboat Key, FL 34228</i>	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Linda Huber</i>	
STREET ADDRESS	<i>3740 Gulf of Mexico Dr</i>	
CITY-ST-ZIP	<i>Longboat Key, FL 34228</i>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Vickie Craig</i>	
STREET ADDRESS	<i>3740 Gulf of Mexico Dr</i>	
CITY-ST-ZIP	<i>Longboat Key, FL 34228</i>	
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 exemptions contained in Chapter 119, 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: *Peter Dolan* Peter Dolan President 8/31/07 941-387-3445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #