
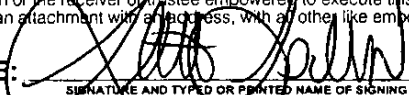


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90185 043 ****61.25

DOCUMENT # N11632			
1. Entity Name TWIN SHORES MOBILE HOME OWNERS ASSOCIATION, INC.		Principal Place of Business BETH CALLAMS MANAGEMENT SUITE 200 595 BAY ISLES RD LONGBOAT KEY, FL 34228 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address BETH CALLAMS MANAGEMENT SUITE 200 595 BAY ISLES RD LONGBOAT KEY, FL 34228 US Suite, Apt. #, etc. City & State Zip	
4. FEI Number 65-0036798		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAROL L. BIRDWELL C/O BETH CALLANS MGMT SUITE 200 595 BAY ISLES RD LONGBOAT KEY, FL 34228		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOVI, PAT 3740 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VICKE CRAIG VAN MEIER 3740 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUBER, LINDA 3740 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIFE PRESIDENT JOHN BALERNA 3740 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHRANE, DARRYL 3740 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TREASURER JANET DELANDE 3740 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOLAN, PETER 3740 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL CORNUKE 3740 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, JOHN 3740 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELANDE, JANET 3740 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 a facsimile, with another like empowered.			
SIGNATURE: 		Date: 4/17/08 Daytime Phone #: 941-3873443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	