

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11632

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

BETH CALLAMS MANAGEMENT
SUITE 200 595 BAY ISLES RD
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

BETH CALLAMS MANAGEMENT
SUITE 200 595 BAY ISLES RD
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:

CAROL L. BIRDWELL C/O BETH CALLANS MGMT
SUITE 200 595 BAY ISLES RD
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

STEVEN SPARKS C/O BETH CALLANS MGMT
SUITE 200 595 BAY ISLES RD
LONGBOAT KEY, FL 34228 US

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: STEVEN SPARKS 03/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: DELAND, JANET
Address: 3740 GULF OF MEXICO
City-St-Zip: LONGBOAT KEY, FL 34228

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VANMEIER, VICTORIA
Address: 49 TWIN SHORES BLVD.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP (X) Change () Addition
Name: BALERNA, JOHN
Address: 66 TWIN SHORES BLVD.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T (X) Change () Addition
Name: DELANDE, JANET
Address: 28 TWIN SHORES BLVD.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S (X) Change () Addition
Name: HUBER, LINDA
Address: 29 TWIN SHORES BLVD.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D (X) Change () Addition
Name: BREWER, JOHN
Address: 70 TWIN SHORED BLVD.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D (X) Change () Addition
Name: CORNUKE, PAUL
Address: 122 TWIN SHORES BLVD.
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVEN SPARKS, LCAM PM 03/30/2009

Electronic Signature of Signing Officer or Director Date