

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16962

FILED
Mar 02, 2011
Secretary of State

Entity Name: TWIN LAKES CONDOMINIUM NO. ONE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9707 E GOLDFINCH LN
INVERNESS, FL 344502823 US

New Principal Place of Business:

Current Mailing Address:

POB 2073
INVERNESS, FL 344512073 US

New Mailing Address:

PO BOX 2073
INVERNESS, FL 344512073 US

FEI Number: 20-8151244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATER, DEBRA M
89 SYCAMORE CIRCLE
HOMOSASSA, FL 34446 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: P
Name: HESSON, KATHERINE
Address: 9767 E GOLDFINCH LANE
City-St-Zip: INVERNESS, FL 34450

Title: D
Name: POZORSK, DAVID
Address: 9765 E. GOLDFINCH LANE
City-St-Zip: INVERNESS, FL 34450

Title: VP
Name: MC SHERRY, TONI
Address: 9781 E. GOLDFINCH LANE
City-St-Zip: INVERNESS, FL 34450

Title: S
Name: FALABELLA, COLLEEN L
Address: 9707 E. GOLDFINCH LANE
City-St-Zip: INVERNESS, FL 34450

Title: T
Name: CATER, DEBRA M
Address: 89 SYCAMORE CIRCLE
City-St-Zip: HOMOSASSA, FL 34446

Title: D
Name: STELLMACH, ERIK
Address: 9805 E. GOLDFINCH LANE
City-St-Zip: INVERNESS, FL 34450

I hereby 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 all other like empowered.

SIGNATURE: DEBRA M. CATER

SEC

03/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date