2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# N18729

Entity Name: TWIN LAKES MOBILE HOME ESTATES CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% JOHN JAY WATKINS, ESQ.
P.O. BOX 250
LABELLE, FL 33975

New Principal Place of Business:

Current Mailing Address:

LOT 37, SR 832
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 59-1691488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, ELOY
TWIN LAKES MOBILE HOME ESTATES
LOT 37, SR 832
CLEWISTON, FL 33440 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:	PD	( ) Delete
Name:	RAMIREZ, ELOY	
Address:	LOT 37, SR 832	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	VD	( ) Delete
Name:	LOPER, SHARON	
Address:	LOT 38, SR 832	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	STD	( ) Delete
Name:	CERDA, BALTAZAR	
Address:	LOT 72, SR 832	
City-St-Zip:	CLEWISTON, FL 33440	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
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 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: ELOY RAMIREZ PD 03/27/2006

Electronic Signature of Signing Officer or Director — Date