

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18729

FILED
Apr 08, 2007
Secretary of State

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:

% JOHN JAY WATKINS, ESQ.
810 TWIN LAKES DRIVE
CLEWISTON, FL 33440

Current Mailing Address:

LOT 37, SR 832
CLEWISTON, FL 33440

New Mailing Address:

810 TWIN LAKES DRIVE
CLEWISTON, FL 33440

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:

RAMIREZ, ELOY
TWIN LAKES MOBILE HOME ESTATES
810 TWIN LAKES DRIVE
CLEWISTON, FL 33440 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:

04/08/2007

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: PD (X) Change () Addition
Name: RAMIREZ, ELOY
Address: 810 TWIN LAKES DRIVE
City-St-Zip: CLEWISTON, FL 33440

Title: VD (X) Change () Addition
Name: LOPER, SHARON
Address: 810 TWIN LAKES DRIVE
City-St-Zip: CLEWISTON, FL 33440

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

04/08/2007

Electronic Signature of Signing Officer or Director

Date