FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 9:10

DOCUMENT # N19065 (4)

1. Corporation Name
TWIN BRANCH ACRES PROPERTY OWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
%SMITH & PIROLOZZI PO BOX 25233 TAMPA FL 33622-5233	%SMITH & PIROLOZZI PO BOX 25233 TAMPA FL 33622-5233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1987
3a. Date of Last Report: 10/10/1994
4. FEI Number: 59-2876254 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip / Country	24 / 25	Zip / Country	29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PIROLOZZI, JOSEPH
5111 MEMORIAL HWY.
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(Signature, typed or printed name of registered agent and title if applicable) (Date) (Registered Agent signature required when mandatory) (FAX)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DUSEK, JEFF	12 NAME	
STREET ADDRESS	12503 MAVERICK CT	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HAUCK, PAUL	22 NAME	
STREET ADDRESS	12802 HORSESHOE RD	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	PIROLOZZI, JOSEPH	32 NAME	
STREET ADDRESS	12536 BRONCO DR	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	KRUGER, ANGELA	42 NAME	
STREET ADDRESS	12534 BRONCO DR	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: Joseph Pirolozzi Treasurer 1/13/95 813-684-6616
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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