2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N19065

Entity Name: TWIN BRANCH ACRES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1671
OLDSMAR, FL 34677

New Principal Place of Business:

12811 TWIN BRANCH ACRES ROAD
TAMPA, FL 33626

Current Mailing Address:

P.O. BOX 1671
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-2876254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PREVICH, STEPHANIE
12526 BRONCO DR.
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

PAHL, STEVEN J
12213 TWIN BRANCH ACRES
TAMPA, FL 33626 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 J. PAHL 04/27/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PREVICH, STEPHANIE
Address: P.O. BOX 1671
City-St-Zip: OLDSMAR, FL 34677

Title: VSD ( ) Delete
Name: RAVELLZ, SASKIA
Address: P.O. BOX 1671
City-St-Zip: OLDSMAR, FL 34677

Title: DD ( ) Delete
Name: BITMAN, AL
Address: P.O. BOX 1671
City-St-Zip: OLDSMAR, FL 34677

Title: DD ( ) Delete
Name: LENOCE, LEE
Address: P.O. BOX 1671
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FLOOD, JOHN S
Address: P.O. BOX 1671
City-St-Zip: OLDSMAR, FL 34677

Title: VP (X) Change ( ) Addition
Name: LENOCE, LEE
Address: P.O. BOX 1671
City-St-Zip: OLDSMAR, FL 34677

Title: S (X) Change ( ) Addition
Name: RAVELLI, SASKIA
Address: P.O. BOX 1671
City-St-Zip: OLDSMAR, FL 34677

Title: T (X) Change ( ) Addition
Name: PAHL, STEVEN J
Address: P.O. BOX 1671
City-St-Zip: OLDSMAR, FL 34677

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 J. PAHL T 04/27/2007
Electronic Signature of Signing Officer or Director Date