

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19065

FILED
Apr 05, 2009
Secretary of State

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

Current Principal Place of Business:

12811 TWIN BRANCH ACRES ROAD
TAMPA, FL 33626

New Principal Place of Business:

12811 TWIN BRANCH ACRES ROAD
TAMPA, FL 336264406

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:

PAHL, STEVEN J
12213 TWIN BRANCH ACRES
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

HAUCK, PAUL L
12802 HORSESHOE ROAD
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: PAUL L. HAUCK, TBAPOA TREASURER

04/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: HAUCK, PAUL L
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: PAUL L. HAUCK

TRES

04/05/2009

Electronic Signature of Signing Officer or Director

Date