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

APPROVED AND FILED

95 APR 28 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N26700** **(7)**

1. Corporation Name

TWIN BAY ESTATES HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL WM MEAD 24 WALTER MARTIN ROAD FORT WALTON BEACH FL 32548	C/O MICHAEL WM MEAD 24 WALTER MARTIN ROAD FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1988
3a. Date of Last Report: 03/03/1994
4. FEI Number: 63-1004924 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Calvin R George	26 c/o Calvin R. George
Suite, Apt. #, etc. 22 1226 Twin Bay Dr.	Suite, Apt. #, etc. 27 1226 Twin Bay Dr.
City & State 23 Ft. Walton Bch, FL	City & State 28 Ft. Walton Bch, FL
Zip 24 32547 Country 25 USA	Zip 29 32547 Country 30 USA

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

MEAD, MICHAEL WM
24 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Calvin R. George
82 Street Address (P.O. Box Number is Not Acceptable): 1226 Twin Bay Dr.
83
84 City: Ft. Walton Bch FL 85 Zip Code: 32547

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: Calvin R. George — Calvin R. George — 24 Apr 1995
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GOFF, JAMES O.	1.2 NAME	Vassiloff, Andy	
STREET ADDRESS	1814 S, NOTTINGHAM DR.	1.3 STREET ADDRESS	7 Nd Rue De La Roi	
CITY-ST-ZIP	MOBILE AL	1.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32547	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GOFF, EMILY E.	2.2 NAME	Horsley, James C	
STREET ADDRESS	1814 S, NOTTINGHAM DR.	2.3 STREET ADDRESS	1224 Twin Bay Dr	
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32547	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	GOFF, GLENN K.	3.2 NAME	George, Calvin R.	
STREET ADDRESS	6708 CANDLELIGHT COURT	3.3 STREET ADDRESS	1226 Twin Bay Dr.	
CITY-ST-ZIP	MOBILE AL	3.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32547	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	LIGHT, HAZEL N	4.2 NAME		
STREET ADDRESS	2353 TWIN BAY VIEW	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Calvin R. George — Calvin R. George — 24 Apr 1995 — (904) 882-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021496