

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26700 (7)
1. Corporation Name
TWIN BAY ESTATES HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O CALVIN R. GEORGE
1226 TWIN BAY DRIVE
FT. WALTON BEACH FL 32547
US**

Mailing Address
**C/O CALVIN R. GEORGE
1226 TWIN BAY DRIVE
FT. WALTON BEACH FL 32547
US**

3. Date Incorporated or Qualified
05/31/1988

3a. Date of Last Report
04/28/1995

4. FEI Number
63-1004924

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**GEORGE, CALVIN R
1226 TWIN BAY DRIVE
FORT WALTON BEACH FL 32547**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VASILOFF, ANDY	
STREET ADDRESS	7 NE RUE DE LA ROI	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORSLEY, JAMES C	
STREET ADDRESS	1224 TWIN BAY DR	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GEORGE, CALVIN R	
STREET ADDRESS	1226 TWIN BAY DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIGHT, HAZEL N	
STREET ADDRESS	2353 TWIN BAY VIEW	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEORGE, CALVIN	
1.3 STREET ADDRESS	1226 TWIN BAY DR	
1.4 CITY-ST-ZIP	FT WALTON BEACH FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LONG, THERESA	
3.3 STREET ADDRESS	1221 TWIN BAY LANE	
3.4 CITY-ST-ZIP	FT WALTON BEACH, FL	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HILL, REBECCA	
4.3 STREET ADDRESS	1220 TWIN BAY DR	
4.4 CITY-ST-ZIP	FT WALTON BEACH FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WALKER, FRANK	
5.3 STREET ADDRESS	2354 TWIN BAY VIEW	
5.4 CITY-ST-ZIP	FT WALTON BEACH, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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* **16 JAN 1995 (904) 882-2155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)