

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26700 (7)

1. Corporation Name

TWIN BAY ESTATES HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CALVIN R. GEORGE
1226 TWIN BAY DRIVE
FT. WALTON BEACH FL 32547
USC/O CALVIN R. GEORGE
1226 TWIN BAY DRIVE
FT. WALTON BEACH FL 32547-1888
US3. Date Incorporated or Qualified
05/31/19883a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 24 WALTER MARTIN RD NE

26 24 WALTER MARTIN RD NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FT WALTON BCH, FL

28 FT WALTON BCH, FL

Zip

Zip

24 32548

29 32548

25 OKALOOSA

30 OKALOOSA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 MICHAEL MEAD

83 24 WALTER MARTIN RD NE

84

85 FT WALTON BEACH

FL

32548

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GEORGE, CALVIN	
STREET ADDRESS	1226 TWIN BAY DR	
CITY-ST-ZIP	FT WALTON BEACH FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HORSLEY, JAMES C.	
1.3 STREET ADDRESS	1224 TWIN BAY DR.	
1.4 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	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HILL, WILEY B. III	
2.3 STREET ADDRESS	1220 TWIN BAY DR.	
2.4 CITY-ST-ZIP	FT WALTON BEACH, FL.	

TITLE	T	<input type="checkbox"/> DELETE
NAME	LONG, THERESA	
STREET ADDRESS	1221 TWIN BAY LANE	
CITY-ST-ZIP	FT WALTON BEACH FL	

3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROAKE, MARNI	
3.3 STREET ADDRESS	1211 TWIN BAY DR.	
3.4 CITY-ST-ZIP	FT WALTON BEACH, FL.	

TITLE	S	<input type="checkbox"/> DELETE
NAME	HILL, REBECCA	
STREET ADDRESS	1220 TWIN BAY DR	
CITY-ST-ZIP	FT WALTON BEACH FL	

4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BLUMBERG, GAULE	
4.3 STREET ADDRESS	2359 TWIN BAYVIEW	
4.4 CITY-ST-ZIP	FT WALTON BEACH, FL.	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, FRANK	
STREET ADDRESS	2354 TWIN BAY VIEW	
CITY-ST-ZIP	FT WALTON BEACH FL	

5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GEORGE, CALVIN	
5.3 STREET ADDRESS	1226 TWIN BAY DR.	
5.4 CITY-ST-ZIP	FT WALTON BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: Marni Roake MARNI N. ROAKE 02/20/97 904-862-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-862-1300

CR2E037 (9/96)