


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26700** (7)
1. Corporation Name
TWIN BAY ESTATES HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business 1222 SCOTTY ROBERTSON C/O CALVIN R. GEORGE 1226 TWIN BAY DRIVE FT. WALTON BEACH FL 32547 US	Mailing Address SCOTTY ROBERTSON C/O CALVIN R. GEORGE 1226 TWIN BAY DRIVE FT. WALTON BEACH FL 32547 US
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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
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3. Date Incorporated or Qualified 05/31/1988
4. FEI Number 63-1004924
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 MICHAEL MEAD 82 Street Address (P.O. Box Number is Not Acceptable) 24 Walter Martin Rd 83 Fort Walton Beach FL 84 City Fort Walton Beach FL 85 Zip Code 32548
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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] DATE **2/5/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE P NAME GEORGE, CALVIN STREET ADDRESS 1226 TWIN BAY DR CITY-ST-ZIP FT WALTON BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE VO NAME HORSLEY, JAMES C STREET ADDRESS 1224 TWIN BAY DR CITY-ST-ZIP FORT WALTON BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE T NAME LONG, THERESA STREET ADDRESS 1221 TWIN BAY LANE CITY-ST-ZIP FT WALTON BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE S NAME HILL, REBECCA STREET ADDRESS 1220 TWIN BAY DR CITY-ST-ZIP FT WALTON BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE D NAME WALKER, FRANK STREET ADDRESS 2354 TWIN BAY VIEW CITY-ST-ZIP FT WALTON BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President 1.2 NAME SCOTTY ROBERTSON 1.3 STREET ADDRESS 1222 TWIN BAY DRIVE 1.4 CITY-ST-ZIP Fort Walton Beach FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE V. President 2.2 NAME W P Gilmore 2.3 STREET ADDRESS 2355 Twin Bay View 2.4 CITY-ST-ZIP Fort Walton Beach FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE Treasurer 3.2 NAME LISA Killingsworth 3.3 STREET ADDRESS 1223 TWIN BAY LANE 3.4 CITY-ST-ZIP Fort Walton Beach FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE Secretary 4.2 NAME Mindy Parkton 4.3 STREET ADDRESS 1219 TWIN BAY LANE 4.4 CITY-ST-ZIP Fort Walton Beach FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE Member of Board 5.2 NAME Diane Vasiloff 5.3 STREET ADDRESS 2356 TWIN BAY VIEW 5.4 CITY-ST-ZIP Fort Walton Beach FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 of 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: [Signature] **2/5/98**

CR2E037 (10/97)