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Feb 15, 1999 8:00am

Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26700

1. Corporation Name

TWIN BAY ESTATES HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O SCOTTY ROBERTSON
1222 TWIN BAY DRIVE
FT. WALTON BEACH FL 32547
US

Mailing Address

C/O SCOTTY ROBERTSON
1222 TWIN BAY DRIVE
FT. WALTON BEACH FL 32547
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

05/31/1988

4. FEI Number

63-1004924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MEAD, MICHAEL
24 WALTER MARTIN RD NE
FORT WALTON BEACH FL 32548

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
NAME ROBERTSON, SCOTTY
STREET ADDRESS 1222 TWIN BAY DRIVE
CITY-ST-ZIP FT WALTON BEACH FL 32547

☐ DELETE

TITLE VPD
NAME GILMORE, W. P.
STREET ADDRESS 2355 TWIN BAY VIEW
CITY-ST-ZIP FORT WALTON BEACH FL 32547

☐ DELETE

TITLE TD
NAME KILLINGSWORTH, LISA
STREET ADDRESS 1223 TWIN BAY LANE
CITY-ST-ZIP FT WALTON BEACH FL 32547

☐ DELETE

TITLE S
NAME PARKTON, MINDY
STREET ADDRESS 1219 TWIN BAY LANE
CITY-ST-ZIP FT WALTON BEACH FL 32547

☐ DELETE

TITLE BM
NAME VASILOFF, DIANE
STREET ADDRESS 2356 TWIN BAY VIEW
CITY-ST-ZIP FT WALTON BEACH FL 32547

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

No change for 1999

1/22/99 850 862 9406