

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26700

1. Entity Name

TWIN BAY ESTATES HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O CALVIN GEORGE  
1226 TWIN BAY DR  
FT. WALTON BEACH FL 32547  
US

Mailing Address

C/O CALVIN GEORGE  
1226 TWIN BAY DR  
FT. WALTON BEACH FL 32547  
US

2. Principal Place of Business

C/O A. Vasiloff

Suite, Apt. #, etc.

2356 TWIN BAY VIEW

City & State

FT. WALTON BEACH, FL

Zip

32547

Country

USA

3. Mailing Address

C/O A. Vasiloff

Suite, Apt. #, etc.

2356 TWIN BAY VIEW

City & State

FT. WALTON BEACH, FL

Zip

32547

Country

USA

6. Name and Address of Current Registered Agent

ROAKE, PETER J  
1211 TWIN BAY DR.  
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

MICHAEL MEAD

Street Address (P.O. Box Number is Not Acceptable)

29 NE WALTER MARTIN RD.

City

FT. WALTON BEACH

FL

Zip Code

32548

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE X MICHAEL MEAD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	GEORGE, CALVIN	1226 TWIN BAY DR	FT WALTON BEACH FL 32547	
VPD	LIGHT, HAZEL	2353 TWIN BAY VIEW	FORT WALTON BEACH FL 32547	<input checked="" type="checkbox"/> Delete
TD	HORSLEY, JAMES	1224 TWIN BAY DR	FT WALTON BEACH FL 32547	<input type="checkbox"/> Delete
SD	BLUMBERG, GAYLE	2359 TWIN BAY VIEW	FT WALTON BEACH FL 32547	<input type="checkbox"/> Delete
D	WALKER, FRANK	2354 TWINBAY VIEW	FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	VASILOFF, A	2356 TWIN BAY VIEW	FT WALTON BEACH, FL 32547		
VPD	PEREZ, RICK	1223 TWIN BAYLANE	FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HORSLEY

SIGNATURE REQUIRED

11 FEB 02

850-862-2570

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

4. FEI Number

63-1004924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required