

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90063 027 ****61.25

DOCUMENT # K26700

1. Entity Name
TWIN BAY ESTATES HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business

**C/O A VASILOFF
2356 TWIN BAYVIEW
FORT WALTON BEACH, FL 32547 US**

Mailing Address

**C/O A VASILOFF
2356 TWIN BAYVIEW
FORT WALTON BEACH, FL 32547 US**

DO NOT WRITE IN THIS SPACE



02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 63-1004924	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VASILOFF, A
STREET ADDRESS	2356 TWIN BAYVIEW
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	VPD
NAME	WALKER, FRANK
STREET ADDRESS	2354 TWIN BAYVIEW
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	TD
NAME	HORSLEY, JAMES
STREET ADDRESS	1224 TWIN BAY DR
CITY-ST-ZIP	FT WALTON BEACH, FL 32547
TITLE	SD
NAME	BLUMBERG, GAYLE
STREET ADDRESS	2356 TWIN BAYVIEW
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	PEREZ, RICK
STREET ADDRESS	1223 TWIN BAY LANE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 C. Horsley Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 FEB 05
Date

850-862-2576
Daytime Phone #