

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90090 046 \*\*\*\*61.25

**DOCUMENT # N26700**

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



Principal Place of Business  
**C/O A VASIOFF  
2356 TWIN BAYVIEW  
FORT WALTON BEACH, FL 32547 US**

Mailing Address  
**C/O A VASIOFF  
2356 TWIN BAYVIEW  
FORT WALTON BEACH, FL 32547 US**

40005079



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**63-1004924**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME VASIOFF, A  
STREET ADDRESS 2356 TWIN BAYVIEW  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE VPD ☒ Delete  
NAME WALKER, FRANK  
STREET ADDRESS 2354 TWIN BAY VIEW  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE TD ☐ Delete  
NAME HORSLEY, JAMES  
STREET ADDRESS 1224 TWIN BAY DR  
CITY-ST-ZIP FT WALTON BEACH, FL 32547

TITLE D ☐ Delete  
NAME PEREZ, RICK  
STREET ADDRESS 1223 TWIN BAY LANE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE SD ☐ Delete  
NAME BLUMBERG, GAYLE  
STREET ADDRESS 2359 TWUB BAY VIEW  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition  
NAME George, Calvin  
STREET ADDRESS 1226 Twin Bay DRive  
CITY-ST-ZIP Ft. Walton Beach, FL 32547

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.*  
**James C. Horsley, Jr.**

16 Jan 07

850-862-2570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #