


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90023 014 ****61.25

DOCUMENT # N26700					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 63-1004924 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASILOFF, A		NAME		
STREET ADDRESS	2356 TWIN BAYVIEW		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, CALVIN		NAME		
STREET ADDRESS	1226 TWIN BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORSLEY, JAMES		NAME		
STREET ADDRESS	1224 TWIN BAY DR		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PA PPAAS, GLEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, RICK		NAME		
STREET ADDRESS	1223 TWIN BAY LANE		STREET ADDRESS	1221 TWIN BAY LANE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMBERG, GAYLE		NAME		
STREET ADDRESS	2359 TWUB BAY VIEW		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>JAMES C. HORSLEY James C. Horsley</u>			25 JAN 08 850-862-2570		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		