2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N26700

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 63-1004924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	VASILOFF, A	
Address:	2356 TWIN BAYVIEW	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	VPD	( ) Delete
Name:	GEORGE, CALVIN	
Address:	1226 TWIN BAY DRIVE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	TD	( ) Delete
Name:	HORSLEY, JAMES	
Address:	1224 TWIN BAY DR	
City-St-Zip:	FT WALTON BEACH, FL 32547	
Title:	D	( ) Delete
Name:	PAPPAS, GLEN	
Address:	1221 TWIN BAY LN	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	SD	( ) Delete
Name:	BLUMBERG, GAYLE	
Address:	2359 TWUB BAY VIEW	
City-St-Zip:	FORT WALTON BEACH, FL 32547	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	BLUMBERG, GAYLE	
Address:	2359 TWIN BAY VIEW	
City-St-Zip:	FORT WALTON BEACH, FL 32547	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. HORSLEY TD 02/02/2009
Electronic Signature of Signing Officer or Director — Date