

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26700

FILED  
Feb 20, 2011  
Secretary of State

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

**Current Principal Place of Business:**

C/O A VASIOFF  
2356 TWIN BAY VIEW  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O A VASIOFF  
2356 TWIN BAY VIEW  
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  
Name: VASIOFF, A  
Address: 2356 TWIN BAYVIEW  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPD  
Name: ROAKE, PETER J  
Address: 1211 TWIN BAY DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD  
Name: HORSLEY, JAMES C JR  
Address: 1224 TWIN BAY DR  
City-St-Zip: FT WALTON BEACH, FL 32547

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES C. HORSLEY, JR.

TD

02/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date