

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90107 040 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-1004924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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 **VASILOFF, A**
STREET ADDRESS **2356 TWIN BAYVIEW**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **VPD** ☒ Delete
NAME **PEREZ, RICK**
STREET ADDRESS **1223 TWIN BAYLANE**
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 **SD** ☐ Delete
NAME **BLUMBERG, GAYLE**
STREET ADDRESS **2359 TWIN BAY VIEW**
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE **D** ☒ Delete
NAME **WALKER, FRANK**
STREET ADDRESS **2354 TWINBAY 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 **VPD** ☐ Change ☒ Addition
NAME **LIGHT, HAZEL**
STREET ADDRESS **2353 TWIN BAY VIEW**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE **D** ☒ Change ☐ Addition
NAME **PEREZ, RICK**
STREET ADDRESS **1223 TWIN BAY LANE**
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

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 G. HORSLEY

7 Feb 03

850-862-2570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)