

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30650

1. Entity Name

TWIN RIVERS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

TWIN RIVERS PROP. OWNERS ASSOCIATION
POST OFFICE BOX 540062
MERRITT ISLAND FL 32952
US

Mailing Address

TWIN RIVERS PROP. OWNERS ASSOCIATION
POST OFFICE BOX 540062
MERRITT ISLAND FL 32952
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

59-3188435

Applied For

Not Applicable

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

BECKER, DONNA
1230 MERCEDES DRIVE
MERRITT ISLAND FL 32952

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.

SIGNATURE

Donna Becker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V
NAME LAFFITE, ADRIAN ☒ Delete
STREET ADDRESS 1265 MERCEDES DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☒ Change ☒ Addition
NAME Bankhead, Thad
STREET ADDRESS 1220 Rebecca Dr.
CITY-ST-ZIP Merritt Island, FL 32952

TITLE S
NAME SLADE, BARRY ☐ Delete
STREET ADDRESS 1215 MERCEDES DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE T
NAME BECKER, DONNA ☐ Delete
STREET ADDRESS 1215 MERCEDES DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE D
NAME MILVAE, BOB ☐ Delete
STREET ADDRESS 1090 REBECCA DRIVE
CITY-ST-ZIP MERRITT ISLAND FL

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

TITLE D
NAME JORDAN, GWEN ☐ Delete
STREET ADDRESS 1200 REBECCA DR
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE ☐ Delete
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:

Donna Becker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-02

Date

321-454-9983

Daytime Phone #

CR2E037 (9/01)

0070602

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90141 034 ****61.25

B0068116



DO NOT WRITE IN THIS SPACE