# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2007**
**Secretary of State**

DOCUMENT# N30650

**Entity Name:** TWIN RIVERS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

TWIN RIVERS PROP. OWNERS ASSOCIATION
MERRITT ISLAND, FL 32952 US

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 59-3188435** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DONNA, BECKER
1225 MERCEDES DRIVE
MERRITT ISLAND, FL 32952 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: WINTER, STEVE
Address: 1215 MERCEDES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S ( ) Delete
Name: KIRKPATRICK, REBECCA
Address: 1200 MERCEDES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD ( ) Delete
Name: BECKER, DONNA
Address: 1225 MERCEDES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MD ( ) Delete
Name: PETERSON, GERRY
Address: 1080 REBECCA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MD ( ) Delete
Name: IVAN, BILL
Address: 1240 MERCEDES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete
Name: WOHLHUETER, CHRIS
Address: 1165 REBECCA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: NEUHART, KATHI
Address: 1115 REBECCA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA BECKER TD 04/15/2007
Electronic Signature of Signing Officer or Director — Date