

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30650

FILED
Feb 25, 2008
Secretary of State

Entity Name: TWIN RIVERS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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: NEUHART, KATHI
Address: 1115 REBECCA 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: PD (X) Change () Addition
Name: SAMIOS, ROGER
Address: 1150 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: MD (X) Change () Addition
Name: O'DONNELL, GRACE
Address: 1085 MERCEDES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

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

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: DONNA BECKER

TD

02/25/2008

Electronic Signature of Signing Officer or Director

Date