

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N30650

FILED
Dec 07, 2011
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:

GRACE, O'DONNELL
1085 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: GRACE O'DONNELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: PETERSON, GERRY
Address: 1080 REBECCA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SE
Name: ALONSO, PEGGY
Address: 1205 MERCEDES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TR
Name: O'DONNELL, GRACE
Address: 1085 MERCEDES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PR
Name: SCROGGS, ANDY
Address: 1185 REBECCA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MD
Name: MILVAE, ROBERT
Address: 1090 REBECCA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

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: GRACE O'DONNELL

TR

12/07/2011

Electronic Signature of Signing Officer or Director

Date