


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90012 047 ****61.25

DOCUMENT # N31324
1. Entity Name
TWIN PALMS HOME OWNERS ASSOC., INC.



Principal Place of Business: **301 N GALLOWAY RD
LAKELAND FL 33815
US**
Mailing Address: **682 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701
US**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

1st MOORE CR2E037 (10/05)
4. FEI Number **59-2939974**
Applied For: Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COLLING, LEE JAY
682 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent
Name: **COLLING, LEE JAY**
Street Address (P.O. Box Number is Not Acceptable): **529 Versailles Drive**
City: **Maitland FL** Zip Code: **32751**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 <input type="checkbox"/> Delete	NAME: WISE, DONALD
STREET ADDRESS: 208 JAY AVE	CITY-ST-ZIP: LAKELAND FL 33815
TITLE: DT <input type="checkbox"/> Delete	NAME: SMITH, FRAN
STREET ADDRESS: 43 KELLY DR	CITY-ST-ZIP: LAKELAND FL 33815
TITLE: <input type="checkbox"/> Delete	NAME: WILDT, THOMAS
STREET ADDRESS: 99 BOYD ST	CITY-ST-ZIP: LAKELAND FL 33815
TITLE: 2VD <input type="checkbox"/> Delete	NAME: HERRON, GIL
STREET ADDRESS: 97 BOYD STREET	CITY-ST-ZIP: LAKELAND FL 33815
TITLE: 2VD <input type="checkbox"/> Delete	NAME: LIMP, WAYNE
STREET ADDRESS: 68 VIOLET LN	CITY-ST-ZIP: LAKELAND FL 33815
TITLE: SD <input type="checkbox"/> Delete	NAME: WEAVER, NANCY
STREET ADDRESS: 21 STEPHENS AVE	CITY-ST-ZIP: LAKELAND FL 33815

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: [Blank]
STREET ADDRESS: 127 Joyce Place	CITY-ST-ZIP: Lakeland, FL 33815
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: [Blank]
TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: [Blank]
TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: [Blank]
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: [Blank]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Handwritten signatures]*

con't

Twin Palms Home Owners Association, Inc.

D
Fran Norris
134 Joyce Place
Lakeland, Fl 33815

ATTACHMENT

40030098

#N31324

D
Gary Smith
117 Boyd Street
Lakeland, Fl 33815