

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 01, 2009
Secretary of State**

DOCUMENT# N31324

Entity Name: TWIN PALMS HOME OWNERS ASSOC., INC.

Current Principal Place of Business:

43 KELLY DR
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

682 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

43 KELLY DR
LAKELAND, FL 33815 US

FEI Number: 59-2939974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLING, LEE JAY
529 VERSAILLES DRIVE
MAITLAND, FL 32751 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: D () Delete
Name: JOLLY, NANCY
Address: 208 JAY STREET
City-St-Zip: LAKELAND, FL 33815

Title: DT () Delete
Name: SMITH, FRAN
Address: 43 KELLY DR
City-St-Zip: LAKELAND, FL 33815

Title: D () Delete
Name: TESSIER, NORMAN
Address: 116 BOYD ST
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: HERRON, GIL
Address: 97 BOYD STREET
City-St-Zip: LAKELAND, FL 33815

Title: D () Delete
Name: TAYLOR, JOAN
Address: 39 KELLY DR
City-St-Zip: LAKELAND, FL 33815

Title: SD () Delete
Name: WEAVER, NANCY
Address: 21 STEPHENS AVE
City-St-Zip: LAKELAND, FL 33815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: FRAN SMITH

TRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date