

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31324

FILED
Feb 28, 2010
Secretary of State

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:

43 KELLY DR
LAKELAND, FL 33815 US

New Mailing Address:

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: DP
Name: WOOD, DON
Address: 2 STEPHENS AVENUE
City-St-Zip: LAKELAND, FL 33815

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

Title: DVP
Name: THIERBACH, TERRY
Address: 131 JOYCE PLACE
City-St-Zip: LAKELAND, FL 33815

Title: D
Name: GALE, RON
Address: 213 JAY AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: DS
Name: TAYLOR, JOAN
Address: 39 KELLY DR
City-St-Zip: LAKELAND, FL 33815

Title: D
Name: O'CONNOR, TOM
Address: 125 JOYCE PLACE
City-St-Zip: LAKELAND, FL 33815

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: FRAN SMITH

DT

02/28/2010

Electronic Signature of Signing Officer or Director

Date