2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# N36519

Entity Name: TWIN LAKES COUNTRY HOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3000674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 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: VPD ( ) Delete
Name: HEINZ, MARVIN
Address: 4427 TWIN LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: PD ( ) Delete
Name: GULDBRANDSEN, GRANT G
Address: 4402 TWIN LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: SD ( ) Delete
Name: KOKENDA, JOANNE
Address: 4357 TWIN LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: TD ( ) Delete
Name: WILLIS, SALLY
Address: 4345 TWIN LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete
Name: MASON, MATT SR
Address: 1800 MEADOW CT
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: DENT, JANET
Address: 4358 TWIN LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32934

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

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

Title: VPD (X) Change ( ) Addition
Name: WILLIS, SALLY
Address: 4345 TWIN LAKES DRIVE
City-St-Zip: MELBOURNE, FL 32934

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GRANT G GULBRANDSEN PD 03/20/2007

Electronic Signature of Signing Officer or Director — Date