2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N39348

Entity Name: TWIN OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1545 TWIN OAKS CIR.
OVIEDO, FL 32765 US

New Principal Place of Business:

1540 TWIN OAKS CIR.
OVIEDO, FL 32765 US

Current Mailing Address:

PO BOX 622255
OVIEDO, FL 327622255 US

New Mailing Address:

FEI Number: 59-3025836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROADRUP, ANDREW
1340 TWIN OAKS CIRCLE
OVIEDO, FL 32765 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: P ( ) Delete
Name: HILL, AL
Address: 1545 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete
Name: MAURER, KEN
Address: 100 BEECH ST
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete
Name: BROADUP, ANDREW
Address: 1340 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AMRHEIN, MICHAEL
Address: 1540 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change ( ) Addition
Name: SULLIVAN, SARAH
Address: 1425 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: MAL (X) Change ( ) Addition
Name: BROADUP, ANDREW
Address: 1340 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: S ( ) Change (X) Addition
Name: KATHY, MOORE
Address: 1665 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: MAL ( ) Change (X) Addition
Name: DEAN, SCOTT
Address: 1465 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

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: ANDREW BROADRUP MAL 04/27/2009
Electronic Signature of Signing Officer or Director — Date