

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39348

FILED
Apr 01, 2011
Secretary of State

Entity Name: TWIN OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1540 TWIN OAKS CIR.
OVIEDO, FL 32765 US

New Principal Place of Business:

1465 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:

SULLIVAN, SARA
1425 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: MAL
Name: DENNIS, MOTOWYLAK
Address: 1261 N DIVISION ST
City-St-Zip: OVIEDO, FL 32765

Title: T
Name: SULLIVAN, SARA
Address: 1425 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: MAL
Name: TERE, LAMONTAGNE
Address: 1201 N DIVISION ST
City-St-Zip: OVIEDO, FL 32765 US

Title: S
Name: STACEY, DENBERGER
Address: 1405 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: P
Name: DEAN, SCOTT
Address: 1465 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

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: SARA E SULLIVAN

T

04/01/2011

Electronic Signature of Signing Officer or Director

Date