

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49954

Entity Name: TWICHELL PARK, INC.

FILED  
Jan 31, 2009  
Secretary of State

## Current Principal Place of Business:

2971 S.E. ST. LUCIE BLVD.  
STUART, FL 349975421 US

## New Principal Place of Business:

## Current Mailing Address:

2971 SE ST LUCIE BLVD  
STUART, FL 349975421

## New Mailing Address:

FEI Number: 65-0377571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THURLOW, THOMAS H., JR.  
17 MARTIN L. KING JR. BLVD  
STUART, FL 34994 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 ( ) Delete  
Name: BRYAN, C. JOSEPH  
Address: 3003 S.E. ST. LUCIE BLVD.  
City-St-Zip: STUART, FL 34997

Title: DV ( ) Delete  
Name: SELLIAN, EDWARD M  
Address: 3015 SE ST. LUCIE BLVD  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: MACKERLEY, ALAN C  
Address: 19 STANHOPE SPADA RD  
City-St-Zip: STANHOPE, NJ 07874

Title: TS ( ) Delete  
Name: CAVAL, LEATRICE E  
Address: 2971 S.E. ST. LUCIE BLVD.  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: CAVAL, JOHN P  
Address: 2971 SE ST. LUCIE BLVD.  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: FREY, PHILIP JR  
Address: 5005 WILLIAMS WAY  
City-St-Zip: STUART, FL 34997

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition  
Name: SELLIAN, EDWARD M  
Address: 3015 SE ST. LUCIE BLVD  
City-St-Zip: STUART, FL 34997

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: LEATRICE E CAVAL

TS

01/31/2009

Electronic Signature of Signing Officer or Director

Date