

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:20

DOCUMENT # N93000004064 (2)

1. Corporation Name

TWIN LAKE WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~800 STATE RD 434 N~~
~~ALTAMONTE-SPRINGS FL 32714~~

~~800 STATE RD 434 N~~
~~ALTAMONTE-SPRINGS FL 32714~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3226505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 648 Marlene Drive

26 648 Marlene Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ocoee, Florida

28 Ocoee, Florida

24 Zip

25 Orange

29 Zip

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GOODMAN, BARRY S~~
~~800 STATE RD 434 N~~
~~ALTAMONTE SPRINGS FL 32714~~

81 Name: Dwindia L. Skipper
82 Street Address (P.O. Box Number is Not Acceptable): 648 Marlene Drive
83
84 City: Ocoee FL 85 Zip Code: 34761

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Dwindia L. Skipper, Dwindia L. Skipper Secretary, Board Member, TRGT. DATE: 4-26-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: ~~PTD~~
NAME: ~~GOODMAN, BARRY S~~
STREET ADDRESS: ~~800 STATE RD 434 N~~
CITY, ST, ZIP: ~~ALTAMONTE SPRINGS FL 32714~~

11 TITLE: Kathleen Nolte, P.D. Change Addition
12 NAME: Kathleen Nolte, P.D.
13 STREET ADDRESS: 643 Marlene Drive
14 CITY, ST, ZIP: Ocoee, Fla. 34761

TITLE: ~~D~~
NAME: ~~GOODMAN, WILLIAM J~~
STREET ADDRESS: ~~800 STATE RD 434 N~~
CITY, ST, ZIP: ~~ALTAMONTE SPRINGS FL 32714~~

21 TITLE: TSD Change Addition
22 NAME: Dwindia L. Skipper
23 STREET ADDRESS: 648 Marlene Drive
24 CITY, ST, ZIP: Ocoee, Fla. 34761

TITLE: ~~VSD~~
NAME: ~~BIEDERMAN, ROBERT A~~
STREET ADDRESS: ~~800 STATE RD 434 N~~
CITY, ST, ZIP: ~~ALTAMONTE SPRINGS FL 32714~~

31 TITLE: VD Change Addition
32 NAME: Will Connolly, Sr.
33 STREET ADDRESS: 645 Marlene Drive
34 CITY, ST, ZIP: Ocoee, Fla. 34761

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

41 TITLE: _____ Change Addition
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

51 TITLE: _____ Change Addition
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

61 TITLE: _____ Change Addition
62 NAME: _____
63 STREET ADDRESS: _____
64 CITY, ST, ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dwindia L. Skipper, Dwindia L. Skipper DATE: 4-26-95 / 1-407-656-0198