

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004064 (2)

1. Corporation Name

TWIN LAKE WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

648 MARLENE DR
OCOE FL 34761
US

Mailing Address

648 MARLENE DR
OCOE FL 34761
US

3. Date Incorporated or Qualified
09/02/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 643 MARLENE DR

26 P.O. Box 315

4. FEI Number
59-3226505

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 OCOEE FL

28 OCOEE FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 34761 25 USA

29 34761 30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKIPPER, DWINDA L
648 MARLENE DR
OCOE FL 34761

81 Name Kathleen Nolte

82 Street Address (P.O. Box Number is Not Acceptable)

643 Marlene DR

83

84 City Ocoee

FL

85 Zip Code 34761

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kathleen Nolte

KATHLEEN NOLTE

7/01/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME NOLTE, KATHLEEN
STREET ADDRESS 643 MARLENE DR
CITY-ST-ZIP OCOEE FL

1.1 TITLE PT D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TSD ☒ DELETE
NAME SKIPPER, DWINDA L
STREET ADDRESS 648 MARLENE DR
CITY-ST-ZIP OCOEE FL

2.1 TITLE 700001894377 ☐ Change ☐ Addition
2.2 NAME -07/16/96--01066--016
2.3 STREET ADDRESS ***61.25
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME CONNOLLY, WILL JR
STREET ADDRESS 695 MARLENE DR
CITY-ST-ZIP OCOEE FL

3.1 TITLE VSD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME ROBERT HAUGHT
4.3 STREET ADDRESS 660 MARLENE DR
4.4 CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Nolte Kathleen Nolte 6/01/96 407-296-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)