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1997 OCT -6 AM 10: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # **N93000004064 (2)**

1. Corporation Name  
**TWIN LAKE WOODS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**648 MARLENE DR  
OCOOEE FL 34761  
US** **PO BOX 315  
OCOOEE FL 34761-0315**

3. Date Incorporated or Qualified **09/02/1993** 3a. Date of Last Report **07/15/1996**  
4. FEI Number **59-3226505** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent  
**NOLTE, KATHLEEN  
643 MARLENE DR  
OCOOEE FL 34761**

10. Name and Address of New Registered Agent  
81 Name **Skipper, Dwindia**  
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 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 *Dwindia P. Skipper* DATE **8-14-97**

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PTD **NOLTE, KATHLEEN** **643 MARLENE DR** **OCOOEE FL**  DELETE  
VSD **CONNOLLY, WILL JR** **695 MARLENE DR** **OCOOEE FL**  DELETE  
D **HAUGHT, ROBERT** **660 MARLENE DR** **OCOOEE FL 34761**  DELETE  
 DELETE  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
3.1 TITLE **D/T**  Change  Addition  
3.2 NAME **Skipper, Dwindia**  
3.3 STREET ADDRESS **648 Marlene Drive**  
3.4 CITY-ST-ZIP **Ocoee, Fla. 34761**  
2.1 TITLE **DP**  Change  Addition  
2.2 NAME **Haught, Robert DP**  
2.3 STREET ADDRESS **660 Marlene Drive**  
2.4 CITY-ST-ZIP **Ocoee, FL. 34761**  
3.1 TITLE **DN**  Change  Addition  
3.2 NAME **Chiles, Mike DN**  
3.3 STREET ADDRESS **719 Marlene Drive**  
3.4 CITY-ST-ZIP **Ocoee, FL 34761**  
4.1 TITLE **S**  Change  Addition  
4.2 NAME **Carol Haught S**  
4.3 STREET ADDRESS **660 Marlene Drive**  
4.4 CITY-ST-ZIP **Ocoee, FL. 34761**  
5.1 TITLE **3000023174066-128**  Change  Addition  
5.2 NAME **-10/10/97--01079--012**  
5.3 STREET ADDRESS **\*\*\*\*\*70.00 \*\*\*\*\*70.00**  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
*10/10/97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

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