

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

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

648 MARLENE DR
OCOEEE FL 34761
US

Mailing Address

PO BOX 315
OCOEEE FL 34761-0315



3. Date Incorporated or Qualified
09/02/1993

3a. Date of Last Report
07/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOLTE, KATHLEEN
643 MARLENE DR
OCOEEE FL 34761

81 Name Skipper, Dwinda
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 Dwinda P. Skipper

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

8-14-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE D/T
1.2 NAME Skipper, Dwinda
1.3 STREET ADDRESS 648 Marlene Drive
1.4 CITY-ST-ZIP Ocoee, Fla. 34761
☒ Change ☒ Addition

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

2.1 TITLE DP
2.2 NAME Haught, Robert DP
2.3 STREET ADDRESS 660 Marlene Drive
2.4 CITY-ST-ZIP Ocoee, FL 34761
☒ Change ☐ Addition

TITLE D
NAME HAUGHT, ROBERT
STREET ADDRESS 660 MARLENE DR
CITY-ST-ZIP OCOEE FL 34761
☐ DELETE

3.1 TITLE DN
3.2 NAME Chiles, Mike DN
3.3 STREET ADDRESS 719 Marlene Drive
3.4 CITY-ST-ZIP Ocoee, FL 34761
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE S
4.2 NAME Carol Haught S
4.3 STREET ADDRESS 660 Marlene Drive
4.4 CITY-ST-ZIP Ocoee, FL 34761
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
3000023174065-128
-10/10/97--01079--012
*****70.00 *****70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☒ Addition
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)

1-800-