

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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  
OCOOE FL 34761  
US

PO BOX 315  
OCOOE FL 34761

3. Date Incorporated or Qualified

09/02/1993

4. FEI Number

59-3226505

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKIPPER, DWINDA  
648 MARLENE DRIVE  
OCOOE FL 34761

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HAUGHT, ROBERT  DELETE  
STREET ADDRESS 600 MARLENE DR  
CITY-ST-ZIP OCOOE FL 34761

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VSD  
NAME CONNOLLY, WILL JR  DELETE  
STREET ADDRESS 605 MARLENE DR  
CITY-ST-ZIP OCOOE FL

2.1 TITLE  Change  Addition  
2.2 NAME VD  
2.3 STREET ADDRESS COX, Lucy  
2.4 CITY-ST-ZIP 676 Marlene Drive  
OCOOE, FL 34761

TITLE TD  
NAME SKIPPER, DWINDA  DELETE  
STREET ADDRESS 648 MARLENE DR  
CITY-ST-ZIP OCOOE FL 34761

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

TITLE VD  
NAME CHILES, MIKE  DELETE  
STREET ADDRESS 719 MARLENE DR  
CITY-ST-ZIP OCOOE FL 34761

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  
NAME HAUGHT, CAROL  DELETE  
STREET ADDRESS 600 MARLENE DR  
CITY-ST-ZIP OCOOE FL 34761

5.1 TITLE SD  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 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.

SIGNATURE: *Dwinda Skipper* Dwinda Skipper, 5-26-98 (407) 877-8500

CR2E037 (10/97)