

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002923

FILED
Mar 12, 2004
Secretary of State**Entity Name:** TWIN LAKES/NORTH SHORE GARDENS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1220 NW 100 ST
MIAMI, FL 33147**New Principal Place of Business:****Current Mailing Address:**1220 NW 100 ST
MIAMI, FL 33147**New Mailing Address:****FEI Number:** 65-0851799**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROSS, BERTHA
1220 NW 100 ST
MIAMI, FL 33147 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: ROSS, BERTHA
Address: 1220 NW 100 ST
City-St-Zip: MIAMI, FL 33147**Title:** VD () Delete
Name: WOODARD, ARTHUR
Address: 1220 NW 100 ST
City-St-Zip: MIAMI, FL 33147**Title:** SD () Delete
Name: FARRINGTON, PAULA
Address: 1220 NW 100 ST
City-St-Zip: MIAMI, FL 33147**Title:** SD () Delete
Name: JENNINGS N, GWENDOLYN
Address: 1220 NW 100 ST
City-St-Zip: MIAMI, FL 33147**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTHA ROSS

PD

03/12/2004

Electronic Signature of Signing Officer or Director

Date