

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90215 027 ****61.25

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1. Corporation Name

THE TWIN RIVERS - ALAFAYA WOODS NEIGHBORHOOD IMPROVEMENT DISTRICT BOARD, INC.

Principal Place of Business

**400 ALEXANDRIA BLVD.
OVIEDO FL 32765**

Mailing Address

**400 ALEXANDRIA BLVD.
OVIEDO FL 32765**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

3. Date Incorporated or Qualified
07/22/1997

4. FEI Number
59-3462349

Applied For
☐ Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

**MOON, DAVID
400 ALEXANDRIA BLVD.
OVIEDO FL 32765**

10. Name and Address of New Registered Agent

81 Name **Cobb, Bryan**
82 Street Address (P.O. Box Number is Not Acceptable) **Same**
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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Chairman

4/23/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **FEHL, STEVE**
STREET ADDRESS **1014 SILCOX BRANCH CIRCLE**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **DST** ☐ DELETE
NAME **SOOMAROO, JAI**
STREET ADDRESS **1021 GORE DR.**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **DV** ☒ DELETE
NAME **ROGG, RONALD**
STREET ADDRESS **1000 REYNOLDS COURT**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DV** ☐ Change ☒ Addition
3.2 NAME **Tickle-Squire, Helen**
3.3 STREET ADDRESS **1021 Weaver Drive**
3.4 CITY-ST-ZIP **Oviedo, FL 32765**

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

Daytime Phone #

CR2E037 (1/98)