2006 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004146

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

Principal Place of Business	Mailing Address
400 ALEXANDRIA BLVD. OVIEDO, FL 32765	400 ALEXANDRIA BLVD. OVIEDO, FL 32765

02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3462349
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COBB, BRYAN
400 ALEXANDRIA BLVD.
OVIEDO, FL 32765

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000433566
02/24/06-80021-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	FEHL, STEVE
STREET ADDRESS	1014 SILCOX BRANCH CIRCLE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VPD
NAME	BANAS, ED
STREET ADDRESS	1096 MCKINNON AVE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	PD
NAME	WANGENHEIM, RICHARD
STREET ADDRESS	1008 PINEHURST COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven M. Fehl Steven M Fehl 2/8/06 407.977.6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #