


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90031 041 \*\*\*\*70.00

<b>DOCUMENT # N97000004146</b>	
1. Entity Name <b>THE TWIN RIVERS - ALAFAYA WOODS NEIGHBORHOOD IMPROVEMENT DISTRICT BOARD, INC.</b>	

Principal Place of Business <b>400 ALEXANDRIA BLVD. OVIEDO, FL 32765</b>	Mailing Address <b>400 ALEXANDRIA BLVD. OVIEDO, FL 32765</b>
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40128210



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07162007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3462349</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>COBB, BRYAN 400 ALEXANDRIA BLVD. OVIEDO, FL 32765</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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)

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FEHL, STEVE 1014 SILCOX BRANCH CIRCLE OVIEDO, FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BANAS, ED 1096 MCKINNON AVE OVIEDO, FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WANGENHEIM, RICHARD 1008 PINEHURST COURT OVIEDO, FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Ed Banas* **7/31/07** **407-359-5420**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## Annual Report Online Filing

Document Number N97000004146

Business Entity Name THE TWIN RIVERS - ALAFAYA WOODS NEIGHBORHOOD IMPROVEMENT DISTRICT INC.

FEI Number 593462349

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☒ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Principal Place of Business

Address 400 ALEXANDRIA BLVD.

Suite, Apt. #, etc.

City, State OVIEDO, FL

Zip Code & Country 32765

### Mailing Address

Address 400 ALEXANDRIA BLVD.

Suite, Apt. #, etc.

City, State OVIEDO, FL

Zip Code & Country 32765

### Name And Address of Registered Agent

Name (Last, First, Middle, Title) COBB, BRYAN

- OR -

Business to serve as RA

Address 400 ALEXANDRIA BLVD.

Suite, Apt. #, etc.

61.25  
8.75

ATTACHMENT  
40128210  
# 197000004146

City, State OVIEDO, FL  
Zip Code & Country 32765 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Bryan Cobb

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

### Officer/Director Name And Address

#### Name And Address #1

Title TD  
Name (Last, First, Middle, Title) FEHL, STEVE

- OR -

Entity Name to serve as Officer/Director

Street Address 1014 SILCOX BRANCH CIRCLE

City, State OVIEDO, FL

Zip Code & Country 32765

#### Name And Address #2

Title VPD  
Name (Last, First, Middle, Title) BANAS, ED

- OR -

Entity Name to serve as Officer/Director

Street Address 1096 MCKINNON AVE

City, State OVIEDO, FL

Zip Code & Country 32765

#### Name And Address #3

Title PD  
Name (Last, First, Middle, Title) WANGENHEIM, RICHARD

ATTACHMENT

40128210

#V97000004146

- OR -

Entity Name to serve as Officer/Director

Street Address

1008 PINEHURST COURT

City, State

OVIEDO

, FL

Zip Code & Country

32765

**Name And Address #4**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

40128210

# 197000004146

## Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PD

Officer/Director Signature

Richard Wangenheim

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.