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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002984

1. Corporation Name

TWINEAGLES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**4099 TAMiami TRAIL NORTH
 SUITE 305
 NAPLES FL 34103**

Mailing Address

**4099 TAMiami TRAIL NORTH
 SUITE 305
 NAPLES FL 34103**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/21/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3527074

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐
 Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARLICK, THOMAS B
 8889 PELICAN BAY BLVD.
 SUITE 300
 NAPLES FL 34108**

81 Name

CLASP INC.

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

3001 Tamiami Trail North

83

4th Floor

84 City

NAPLES

FL

85 Zip Code

34109

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

Thomas B. Garlick

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

(NOTE: Registered Agent signature required when reinstating)

4-27-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
 NAME **BUCKMAN, SUSAN D**
 STREET ADDRESS **4099 TAMiami TRAIL N STE 305**
 CITY-ST-ZIP **NAPLES FL 34103**

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

☐ Change ☐ Addition

TITLE **STD** ☐ DELETE
 NAME **O'DONNELL, JOHN J**
 STREET ADDRESS **4099 TAMiami TRAIL N STE 305**
 CITY-ST-ZIP **NAPLES FL 34103**

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

☒ Change ☐ Addition

TITLE **VD** ☐ DELETE
 NAME **O'LEARY, KENNETH J**
 STREET ADDRESS **4099 TAMiami TRAIL N STE 305**
 CITY-ST-ZIP **NAPLES FL 34103**

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

☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☒ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 OF REGISTERED AGENT
John J. O'Donnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (94) 262-3034

Day

Daytime Phone #

CR2E037 (11/98)