


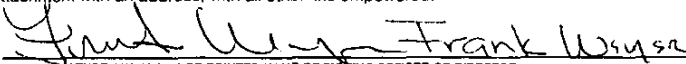


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90124 044 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # N99000007562</b><br>1. Entity Name<br><b>TWIN VILLA NEIGHBORHOOD AT JENSEN BEACH<br/>COUNTRY CLUB ASSOCIATION, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>735 COLARDO AVE<br/>STE 3<br/>STUART, FL 34994</b>   |  |   | Mailing Address<br><b>735 COLARDO AVE<br/>STE 3<br/>STUART, FL 34994</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>155 Fed. Hwy</b>  |  | 3. Mailing Address<br><b>955 Fed. Hwy</b>   |  | <div style="font-size: 2em; margin-bottom: 10px;">401600-</div>  <div style="margin-top: 10px;">07032007    Chg-NP    CR2E037 (12/06)</div> |  |
| Suite, Apt. #, etc.<br><b>Suite 202</b>  |  | Suite, Apt. #, etc.<br><b>Suite 202</b>   |  |   |  |
| City & State<br><b>STUART FL</b>   |  | City & State<br><b>STUART Hwy.</b>  |  |   |  |
| Zip<br><b>34994</b>  |  | Zip<br><b>34994</b>   |  |   |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>   |  | 4. FEI Number<br><b>65-0970365</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRISOT MANAGEMENT<br/>735 COLORADO AVE<br/>STE 3<br/>STUART, FL 34994</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Coastal Management</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>955 SE Federal Highway</b><br><b>Suite 202</b><br>City <b>STUART</b> <b>FL</b> Zip Code <b>34994</b> |   |  |
| 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 <b>6-30-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>WEYER, FRANK</b><br><b>3521 NW WILLOW CREEK DR</b><br><b>JENSEN BEACH, FL 34957</b>     | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VSD</b><br><b>STERN, MICHAEL</b><br><b>3352 NW WILLOW CREEK DR</b><br><b>JENSEN BEACH, FL 34957</b> | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DT</b><br><b>SULS, DAN</b><br><b>3481 NW WILLOW CR DRIVE</b><br><b>JENSEN BEACH, FL 34957</b>       | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |   |  |
| 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:  Date <b>6-30-07</b> Daytime Phone # <b>772 286 0030</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  |   |  |