

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007562

FILED  
Mar 15, 2009  
Secretary of State

**Entity Name:** TWIN VILLA NEIGHBORHOOD AT JENSEN BEACH COUNTRY CLUB ASSOCIATION, INC.

**Current Principal Place of Business:**

955 FED HWY  
SUITE 202  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

955 FED HWY  
SUITE 202  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-0970365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COASTAL MANAGEMENT  
955 FED HWY  
STE 202  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEYER, FRANK  
Address: 3521 NW WILLOW CREEK DR  
City-St-Zip: JENSEN BEACH, FL 34957

Title: DT ( ) Delete  
Name: SULS, DAN  
Address: 3481 NW WILLOW CR DRIVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD ( ) Delete  
Name: MATEJCEK, KAREN  
Address: 3541 NW WILLOW CRK DR  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZIE BUTLER

LCAM

03/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date