

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000038680

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** TWINS SENIORS RESIDENCE ACLF, INC.

**Current Principal Place of Business:**

11334 SOUTHWEST 2ND ST.  
SWEETWATER, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

11334 SOUTHWEST 2ND ST.  
SWEETWATER, FL 33174 US

**New Mailing Address:**

FEI Number: 65-0492224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, SARAH Z  
3455 S.W. 142 PLACE  
MIAMI, FL 33175 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: DPS  
Name: GONZALEZ, SARA Z  
Address: 3455 S.W. 142 PLACE  
City-St-Zip: MIAMI, FL 33175

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARA GONZALEZ

DPS

03/21/2012

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

\_\_\_\_\_ Date