


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000025354		
1. Entity Name TWIN PONDS HOMEOWNERS' ASSOCIATION, INC.		

Principal Place of Business P.O. BOX 250725 HOLLY HILL, FL 32125-0725	Mailing Address P.O. BOX 250725 HOLLY HILL, FL 32125-0725
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DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3365107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DURRANCE, BARBARA C
407 AIRPORT ROAD
ORMOND BEACH, FL 32174**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURRANCE, CLAY M P.O. BOX 250725 N/A HOLLY HILL, FL 321250725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DURRANCE, DENNIS P.O. BOX 250725 N/A HOLLY HILL, FL 321250725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURRANCE, BARBARA C P.O. BOX 250725 N/A HOLLY HILL, FL 321250725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, 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: *Barbara C. Durran*
Barbara C. DURRANCE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06 (386) 258-5440
Daytime Phone #