

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 8:00 am
Secretary of State

01-25-2008 90038 046 ***150.00

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

01152008 No Chg-P CR2E034 (11/06)

4. FEI Number 59-3385107	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DURRANCE, BARBARA C 407 AIRPORT ROAD ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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: Barbara C. Durrance (Typed) 3-17-08 (Date)

**FILE NOW! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 the empowered.

SIGNATURE: Barbara Durrance (Typed) 3-17-08 (Date) (386) 258-5440 (Phone)