

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000001975

1. Entity Name
TWIN LAKES RESERVE & GOLF CLUB, INC.

Principal Place of Business

41521 S.R. 19
UMATILLA, FL 32784

Mailing Address

41521 S.R. 19
UMATILLA, FL 32784

FILED

07 MAY 15 AM 8:35

CLERK OF STATE
TALLAHASSEE, FLORIDA

04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3573287Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITMARSH, AMY B
432 W. NEW YORK AVE
SUITE A
DELAND, FL 32720DO 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS WHITMARSH, KENNETH R 727 SHANE DR DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHITMARSH, AMY B 727 SHANE DR. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVIES, EDWARD V 41521 HWY 19 UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

200103530332
05/30/07--01032--014 **500.00DO NOT WRITE
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 like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/30/07 386-73-1-1219
Date Daytime Phone #