

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754093

**Entity Name:** TWIN HOUSES, INC.

**Current Principal Place of Business:**

528 20TH AVENUE, N  
UNIT 4  
LAKE WORTH BEACH, FL 33460

**Current Mailing Address:**

528 20TH AVENUE, N  
UNIT 4  
LAKE WORTH BEACH, FL 33460 US

**FEI Number:** 59-2088183

**Certificate of Status Desired:** Yes

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

CELESTIN, BENEDICT H M  
528 20TH AVENUE, N  
UNIT 4  
LAKE WORTH BEACH, FL 33460 US

*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:** BENEDICT H M CELESTIN

04/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CELESTIN, BENEDICT H M  
Address        528 20TH AVENUE, N  
                  UNIT 4  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            OTHER / OWNER  
Name            CELESTIN, BENEDICT  
Address        528 20TH AVENUE, N.  
                  UNIT 3  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            EXECUTIVE SECRETARY  
Name            MARTINBOROUGH, JOANNE  
Address        528 20TH AVENUE, N.  
                  UNIT 3  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            VP  
Name            NATASHA, CELESTIN M M  
Address        528 20TH AVENUE, N  
                  UNIT 4  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            OTHER / OWNER  
Name            AIRD, BRIAN M  
Address        532 20TH AVE N  
                  UNIT 2  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            OTHER  
Name            AIRD-KITCHENER, MARION N  
Address        532 20TH AVE N  
                  UNIT 1  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            ASST. SECRETARY  
Name            KITCHENER, MICHAEL  
Address        532 20TH AVE N  
                  UNIT 1  
City-State-Zip: LAKE WORTH BEACH FL 33460

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

**SIGNATURE:** BENEDICT HUBERT MATTHEW CELESTIN

PRESIDENT

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date