

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011822

**Entity Name:** TWIN SPIRES PLANTATION HOMEOWNERS' ASSOCIATION OF PENSACOLA, INC.**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC3391761703****Current Principal Place of Business:**6506 MINT JULEP TRAIL  
PENSACOLA, FL 32526**Current Mailing Address:**6506 MINT JULEP TRAIL  
PENSACOLA, FL 32526 US**FEI Number: 81-1211896****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BEAL, JESSICA  
6506 MINT JULEP TRAIL  
PENSACOLA, FL 32526 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: JESSICA BEAL****04/30/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR, TREASURER
Name	BEAL, JESSICA H
Address	6506 MINT JULEP TRAIL
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR
Name	PHILLIPS, SHARON
Address	8030 THOROUGHBRED ROAD
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR, SECRETARY
Name	TRINKLE, KATHRYN
Address	6536 MINT JULEP TRAIL
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR
Name	KACACHOS INGWELL, DAWNMARIE
Address	8079 THOROUGHBRED ROAD
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR
Name	WISE, BARBARA S
Address	8000 THOROUGHBRED ROAD
City-State-Zip:	PENSACOLA FL 32526

*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: JESSICA BEAL****TREASURER****04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date