## **DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS** NONPROFIT CORPORATION ANNUAL REPORT

80082	Number 25026	1026 TWIN LAKE SHORES IMPROVEMENT ASSOCIATION		
Resident age	nt name and mailing address	of the registered office		
		FILED		
	LYN SIEVERT PO BOX 4 IRONS, MI 49644	NOV <b>05</b> 2020		
		CORPORATIONS DIVISION	RECEIVED	
The address	of the registered office		SEP 24 2020 \$20.00	
6967 W TWIN LAKES DR IRONS, MI 49644			LARA	
To cert signati	tify there are <b>NO CHANGI</b> ure No other sections can	ES from the previously filed report, <b>check this b</b> be completed if box is checked	ox and PROCEED TO ITEM 6 for	
1 Mailing addre	ess of registered office in Mich	nigan if changed (may be a P O Box) 2	Resident Agent if changed	
		higan if changed (a P O Box may not be designated a	•	,
5	NAME			
		and BUSINESS OR RESIDENCE ADDRESS		
	President	and BUSINESS OR RESIDENCE ADDRESS		
If different than President	Secretary	and BUSINESS OR RESIDENCE ADDRESS		
than President	Secretary Treasurer		d population, check the following hox	
than President  If the corporat	Secretary  Treasurer  tion is a private foundation and the board shall consist	or formed to provide care to a dentally underserve of 1 or more directors. The board of all other corporate in the corporate	d population, check the following box. orations shall consist of 3 or more directors.	
than President If the corporat If box is check	Secretary  Treasurer  Ion is a private foundation (ed the board shall consist	or formed to provide care to a dentally underserve	d population, check the following box. orations shall consist of 3 or more directors.	
than President  If the corporat	Secretary  Treasurer  tion is a private foundation and the board shall consist	or formed to provide care to a dentally underserve	d population, check the following box. orations shall consist of 3 or more directors.	

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Report due October 1, 2020.

**Filing Fee \$20.00.** 

to the State of Michigan, return to Corporations Division P O Box 30767 Lansing, MI 48909 (517) 241-6470