FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00579 (5)

1. Corporation Name
TWELVE OAKS VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7212 DAIQUIRI LANE P.O. BOX 12 TAMPA FL 33634	7212 DAIQUIRI LANE P.O. BOX 12 TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1983
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2426836 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DABICH, GARY L.
6207 PINA COLADA COURT
TAMPA FL 33634

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WALKER, H. LESLIE	1.2 NAME	H, Leslie Walker	
STREET ADDRESS	4645 BAYCREST DRIVE	1.3 STREET ADDRESS	4645 Baycrest Dr.	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33615	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MEDINA, JR. J	2.2 NAME	Lois Parker	
STREET ADDRESS	6216 PINA COLADA COURT	2.3 STREET ADDRESS	6209 Amaretto Lane	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33634	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	DABICH, GARY L.	3.2 NAME		
STREET ADDRESS	6207 PINA COLADA COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	RICH, RICHARD	4.2 NAME	Richard Rich	
STREET ADDRESS	6205 ARMARETTO LANE	4.3 STREET ADDRESS	6205 Amaretto Lane	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33634	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Sharon Rich	
STREET ADDRESS		5.3 STREET ADDRESS	6205 Amaretto Lane	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33634	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary L. Dabich / GARY L. DABICH 1/13/95 (813) 878-5609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084083