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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33634-3027

3. Date Incorporated or Qualified: 12/23/1983
3a. Date of Last Report: 01/31/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SHRADER, NANCY K.
6207 PINA COLADA COURT
TAMPA FL 33634

10. Name and Address of New Registered Agent

61 Name: Kimmel, Frances M.
62 Street Address (P.O. Box Number is Not Acceptable): 7207 Daiquiri Lane
63: Tampa, Fl 33634
64 City: FL 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Frances M. Kimmel — Frances M. Kimmel — 4-19-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHRADER, ROBERT H.		1.2 NAME		
STREET ADDRESS	6205 PINA COLADA CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, LOIS		2.2 NAME		
STREET ADDRESS	6209 AMARETTO LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WARD, SUSAN A.		3.2 NAME	Ward, Susan A	
STREET ADDRESS	6207 PINA COLADA COURT		3.3 STREET ADDRESS	6207 Pina Colada Court	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, Fl	
TITLE	PD	☒ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	RICH, RICHARD		4.2 NAME	Walker, H. Leslie	
STREET ADDRESS	6205 ARMARETTO LANE		4.3 STREET ADDRESS	4645 Bay Crest Drive	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, Fl	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	PEACHEE, DAVID		5.2 NAME	Weill, Mike	
STREET ADDRESS	7211 DAIQUIRI LANE		5.3 STREET ADDRESS	6201 Amaretto Lane	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa, Fl	
TITLE		☐ DELETE	6.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME			6.2 NAME	Kimmel, Frances M.	
STREET ADDRESS			6.3 STREET ADDRESS	7207 Daiquiri Lane	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, Fl 33634	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Frances M Kimmel S/T/D — Frances M. Kimmel — 4-19-97 — (813)885-7587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048962