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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00579**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/23/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2426836 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KIMMEL, FRANCES M
7207 DAIQUIRI LANE
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name NANCY K. SHRADER
82 Street Address (P.O. Box Number is Not Acceptable) 6205 PINA COLADA CT
83
84 City TAMPA, **FL** 85 Zip Code 33634

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 NANCY K. SHRADER, Nancy K. Shrader 3-1-99
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEILL, MIKE		1.2 NAME		
STREET ADDRESS	6201 AMARETTO LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	VD/T	☐ Change ☒ Addition
NAME	SHRADER, ROBERT		2.2 NAME		
STREET ADDRESS	6205 PINA COLADA CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PLANES, ANTHONY G		3.2 NAME	DILLON, HORATIO	
STREET ADDRESS	7209 DAIQUIRI LN		3.3 STREET ADDRESS	6205 AMARETTO LANE	
CITY-ST-ZIP	TAMPA FL 33634		3.4 CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, LOIS		4.2 NAME		
STREET ADDRESS	6209 AMARETTO LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VEGA, LUIS		5.2 NAME		
STREET ADDRESS	6203 AMARETTO LN.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: [signature] 3-1-99 813-885-7963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT H. SHRADER