

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90015 002 ****61.25

0060396

DOCUMENT # N00579

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2426836

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHRADER, NANCY K
 6205 PINA COLADA CT
 TAMPA FL 33634**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 *NANCY K. SHRADER*
Nancy K. Shrader

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEILL, MIKE 6201 AMARETTO LN TAMPA FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT SHRADER, ROBERT 6205 PINA COLADA CT TAMPA FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLON, HORATIO 6205 AMARETTO LANE TAMPA FL 33634	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKER, LOIS 6209 AMARETTO LN TAMPA FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGA, LUIS 6203 AMARETTO LN. TAMPA FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCES KIMMEL 7207 DAIQUIRI LANE TAMPA, FL 33634	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ROBERT H. SHRADER*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)