

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00579

1. Entity Name

TWELVE OAKS VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7212 DAIQUIRI LANE
P.O. BOX 12
TAMPA FL 33634

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-2426836

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME WEILL, MIKE ☐ Delete
STREET ADDRESS 6201 AMARETTO LN
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VDT
NAME SHRADER, ROBERT ☐ Delete
STREET ADDRESS 6205 PINA COLADA CT
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME PARKER, LOIS ☒ Delete
STREET ADDRESS 6209 AMARETTO LN
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME VEGA, LUIS ☐ Delete
STREET ADDRESS 6203 AMARETTO LN.
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE SD ☒ Change ☐ Addition
NAME DORIS STAHL
STREET ADDRESS 6214 PINA COLADA CT
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90020 018 ****61.25

B0062303



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)