

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00579

FILED
Apr 27, 2004
Secretary of State

Entity Name: TWELVE OAKS VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2426836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: WEILL, MIKE
Address: 6201 AMARETTO LN
City-St-Zip: TAMPA, FL 33634

Title: VD () Delete
Name: SHRADER, ROBERT
Address: 6205 PINA COLADA CT
City-St-Zip: TAMPA, FL 33634

Title: T () Delete
Name: VEGA, LUIS
Address: 6203 AMARETTO LN.
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: STAHL, DORIS
Address: 6214 PINA COLADA CT
City-St-Zip: TAMPA, FL 33634

Title: SD () Delete
Name: SHRADER, NANCY
Address: 6205 PINA COLADA CT
City-St-Zip: TAMPA, FL 33634

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P/D (X) Change () Addition
Name: SHRADER, ROBERT
Address: 6205 PINA COLADA CT
City-St-Zip: TAMPA, FL 33634

Title: T/D (X) Change () Addition
Name: VEGA, LUIS
Address: 6203 AMARETTO LN.
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change () Addition
Name: SHRADER, NANCY
Address: 6205 PINA COLADA CT
City-St-Zip: TAMPA, FL 33634

Title: D () Change (X) Addition
Name: MCCREARY, DEANNA
Address: 6201 AMARETTO LANE
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY SHRADER

S/D

04/27/2004

Electronic Signature of Signing Officer or Director

Date