

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11443 (1)**

1. Corporation Name

TWELVE OAKS HOMEOWNERS ASSOCIATION OF OSCEOLA COUNTY, INC.



Principal Place of Business: **1590 TWELVE OAKS CIRCLE KISSIMMEE FL 34744 US**
Mailing Address: **1590 TWELVE OAKS CIRCLE KISSIMMEE FL 34744 US**

3. Date Incorporated or Qualified: **10/04/1985**
3a. Date of Last Report: **04/11/1995**

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

4. FEI Number: **59-2596443**
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: **PIERSON, WAYNE 1590 TWELVE OAKS CIRCLE KISSIMMEE FL 34744**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PIERSON, WAYNE		1.2 NAME	
STREET ADDRESS: 1590 TWELVE OAKS CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP: KISSIMMEE FL		1.4 CITY-ST-ZIP	
TITLE: STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PIERSON, MILDRED W.		2.2 NAME	
STREET ADDRESS: 1590 TWELVE OAKS CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP: KISSIMMEE FL		2.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VINCE, ROSE		3.2 NAME	
STREET ADDRESS: 1584 TWELVE OAKS CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP: KISSIMMEE FL		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **X Wayne O. Pierson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4-8-96**
Daytime Phone #: **1-407-847-5476**