

FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11443** (1)  
1. Corporation Name  
**TWELVE OAKS HOMEOWNERS ASSOCIATION OF OSCEOLA CO UNTY, INC.**



Principal Place of Business <b>1590 TWELVE OAKS CIRCLE KISSIMMEE FL 34744 US</b>	Mailing Address <b>1590 TWELVE OAKS CIRCLE KISSIMMEE FL 34744-6243 US</b>
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3. Date Incorporated or Qualified <b>10/04/1985</b>	3a. Date of Last Report <b>04/12/1996</b>
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2. Principal Place of Business 21 <b>SAME</b>	2a. Mailing Address 26 <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	29
25	30

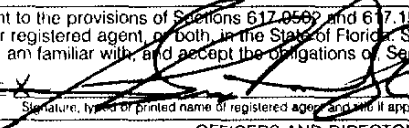
4. FEI Number <b>59-2596443</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PIERSON, WAYNE  
1590 TWELVE OAKS CIRCLE  
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

81 Name <b>THOMAS ANGLIN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1589 TWELVE OAKS CIRCLE</b>
83
84 City <b>KISSIMMEE</b>
85 Zip Code <b>FL 34744</b>

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 reinstating) **3/11/97** DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>PIERSON, WAYNE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>1590 TWELVE OAKS CIRCLE</b>	CITY - ST - ZIP <b>KISSIMMEE FL</b>	
TITLE <b>STD</b>	NAME <b>PIERSON, MILDRED W.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>1590 TWELVE OAKS CIRCLE</b>	CITY - ST - ZIP <b>KISSIMMEE FL</b>	
TITLE <b>VD</b>	NAME <b>VINCE, ROSE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>1584 TWELVE OAKS CIRCLE</b>	CITY - ST - ZIP <b>KISSIMMEE FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>THOMAS ANGLIN</b>	
1.3 STREET ADDRESS <b>1589 TWELVE OAKS CIRCLE</b>	
1.4 CITY - ST - ZIP <b>KISSIMMEE FL 34744</b>	
2.1 TITLE <b>VICE PRESIDENT - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>WARREN BENECKE</b>	
2.3 STREET ADDRESS <b>1582 TWELVE OAKS CIRCLE</b>	
2.4 CITY - ST - ZIP <b>KISSIMMEE FL 34744</b>	
3.1 TITLE <b>SECRETARY / TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>MILDRED PIERSON</b>	
3.3 STREET ADDRESS <b>1590 TWELVE OAKS CIRCLE</b>	
3.4 CITY - ST - ZIP <b>KISSIMMEE FL 34744</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) **3/11/97** DATE **407-933-2606** Daytime Phone # **0089904**

CR2E037 (9/96)