SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90101 028 ****61.25

DOCUMENT # N11443

1. Corporation Name

TWELVE OAKS HOMEOWNERS ASSOCIATION OF OSCEOLA COUNTY, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/04/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2596443 / Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing ☐ Trust Fund Contribution — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
THOMAS, ANGLIN 1589 TWELVE OAKS CIRCLE KISSIMMEE FL 34744	81 Name WARREN BENEKE 82 Street Address (P.O. Box Number is Not Acceptable) 1583 TWELVE OAKS CIRCLE 83	
	84 City KISSIMMEE FL 85 Zip Code 34744	

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 _____ DATE 7/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ANGLIN, THOMAS		1.2 NAME	WARREN BENEKE	
STREET ADDRESS	1589 TWELVE OAKS CIRCLE		1.3 STREET ADDRESS	1582 TWELVE OAKS CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VPD	☒ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	BENEKE, WARREN		2.2 NAME	SANDRA RAU	
STREET ADDRESS	1582 TWELVE OAKS CIRCLE		2.3 STREET ADDRESS	1596 TWELVE OAKS CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PIERSON, MILDRED		3.2 NAME		
STREET ADDRESS	1590 TWELVE OAKS CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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 with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_ 7-13-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date   Daytime Phone #

CR2E037 (5/99)