FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # N11443** 1. Entity Name 04-25-2000 90069 047 ****61.25 TWELVE OAKS HOMEOWNERS ASSOCIATION OF OSCEOLA CO Mailing Address Principal Place of Business 1590 TWELVE OAKS CIRCLE 1590 TWELVE OAKS CIRCLE A0045704 KISSIMMEE FL 34744-6243 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address 1596 TWELVE CAKS CIR DAKS CIR 1596 TWELVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2596443 Not Applicable KISSIMME E SISSIMMEF Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired П 34744 DSCEDLA Fee Required DSCEOLA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BENEKE, WARREN 1582 TWELVE OAKS CIR KISSIMMEE FL 34744 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change PD BENERE WARREN Addition TITLE ☐ Delete TITLE 1589 THELLE OAKS CIRCLE NAME NAME BENEKE, WARREN STREET ADDRESS STREET ADDRESS 1589 TWELVE OAKS CIRCLE CITY-ST-ZIP CITY-ST-ZIP KISSTMMEE KISSIMMEE FL 34744 UPD TITLE Change Addition TITLE VPD ☐ Delete DAVID CAMPBELL NAME RAUL, SANDRA 1589 TWELVE DAKS CIRCLE STREET ADDRESS STREET ADDRESS 1596 TWELVE OAKS CIR CITY-ST-ZIP CITY-ST-ZIP _ KISSIMMEE. KISSIMMEE FL 34744 ☐ Addition ☐ Delete TITLE TITLE STD SANDRA RALL NAME PIERSON, MILDRED NAME 1596 TWELVE DAKS CIRCLE STREET ADDRESS STREET ADDRESS 1590 TWELVE OAKS CIRCLE CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FZ 34744 KISSIMMEE FL ☐ Delete TITLE ☐ Change Addition TITLE

12. 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 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

CITY-ST-ZiP

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

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SIGNATURE:

NAME

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☐ Delete

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Addition

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