


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90179 032 \*\*\*\*61.25

**DOCUMENT # N11443**

1. Entity Name  
**TWELVE OAKS HOMEOWNERS ASSOCIATION OF OSCEOLA COUNTY, INC.**



Principal Place of Business  
**1587 TWELVE OAKS CIRCLE  
 KISSIMMEE, FL 34744 US**

Mailing Address  
**1587 TWELVE OAKS CIRCLE  
 KISSIMMEE, FL 34744 US**

2. Principal Place of Business  
**1590 TWELVE OAKS CIR**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.


City & State  
**KISSIMMEE, FL**

City & State  
**SAME**

Zip  
**34744**

Country  
**OSCEOLA**

17004011



04252005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2596443**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARNARD, BRUCE  
 1587 TWELVE OAKS CIRCLE  
 KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent  
 Name  
**MILDRED PIERSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1590 TWELVE OAKS CIRCLE**  
 City  
**KISSIMMEE** FL Zip Code  
**34744**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mildred Pierson* DATE **4/25/05**

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

Filing Fee is **\$61.25**  
 Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERSON, MILDRED 1590 TWELVE OAKS CIRCLE KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAY BUTTERS 1580 TWELVE OAKS CIRCLE KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VINCE, ROSE 1584 TWELVE OAKS CIRCLE KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANDRA RAU 1596 TWELVE OAK CIRCLE KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARNARD, BRUCE 1587 TWELVE OAKS CIRCLE KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MILDRED PIERSON 1590 TWELVE OAKS CIRCLE KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mildred Pierson* DATE: **4/25/05** DAYTIME PHONE #: **407-847-5476**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #