


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 018 ****61.25

DOCUMENT # N11443
 1. Entity Name
TWELVE OAKS HOMEOWNERS ASSOCIATION OF OSCEOLA COUNTY, INC.



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

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

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
PIERSON, MILDRED
1590 TWELVE PAKS CIRCLE
KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$81.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUTTERS, JAY
STREET ADDRESS	1580 TWELVE OAKS CIRCLE
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	VPD
NAME	RAU, SANDRA
STREET ADDRESS	1596 TWELVE OAK CIRCLE
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	ST
NAME	PIERSON, MILDRED <i>RESIGNED</i>
STREET ADDRESS	1590 TWELVE OAKS CIRCLE
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sandra Rau* **Sandra Rau, Vice Pres.** *4/21/06* **407-933-7255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #