

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90024 046 ****70.00



DOCUMENT # N11443				1. Entity Name TWELVE OAKS HOMEOWNERS ASSOCIATION OF OSCEOLA COUNTY, INC.	
Principal Place of Business 1590 TWELVE OAKS CIRCLE KISSIMMEE, FL 34744 US		Mailing Address 1590 TWELVE OAKS CIRCLE KISSIMMEE, FL 34744 US			
2. Principal Place of Business - No P.O. Box # 1587 TWELVE OAK CR		3. Mailing Address 1587 TWELVE OAKS CR		01272008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KISSIMMEE FL		City & State KISSIMMEE, FL		4. FEI Number 59-2596443	
Zip 34744		Country OSCEOLA		Applied For Not Applicable	
Zip 34744		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERSON, MILDRED 1590 TWELVE PAKS CIRCLE KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name BRENDA L HRENKO Street Address (P.O. Box Number is Not Acceptable) 1 1587 TWELVE OAKS CR 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 BRENDA L HRENKO		<i>Brenda L Hrenko</i>		DATE 1/26/08	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RAU, SANDRA	NAME	BRENDA L HRENKO		
STREET ADDRESS	1596 TWELVE OAK CIRCLE	STREET ADDRESS	1587 TWELVE OAKS CR		
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	KISSIMMEE FL 34744		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDINO, JUAN	NAME			
STREET ADDRESS	1582 TWELVE OAKS CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERRER, HECTOR	NAME	<i>ST Ferrer Hector</i>		
STREET ADDRESS	1600 TWELVE OAKS CIRCLE	STREET ADDRESS	<i>1600 Twelve Oaks Circle</i>		
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	<i>KISSIMMEE, FL 34744</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Brenda L Hrenko</i>				DATE 1/26/08 DAYTIME PHONE # 321-945-3477	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	