FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40603 (5)

1. Corporation Name
TWELVE OAKS I OF TARA ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10491 SIX MILE CYPRESS PKWY FT MYERS FL 33912	10491 SIX MILE CYPRESS PKWY FT MYERS FL 33912

3. Date Incorporated or Qualified: 10/31/1990
3a. Date of Last Report: 10/05/1994

4. FEI Number: 65-0226019 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
Condominium Management, Inc. 1801 Glengary Street Sarasota, FL 34231-3603	Condominium Management, Inc. 1801 Glengary Street Sarasota, FL 34231-3603

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9. Name and Address of Current Registered Agent

UPTON, BRUCE
10491 SIX MILE CYPRESS PKWY
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Nar
82 Stre
83
84 City

Condominium Management, Inc.
1801 Glengary Street
Sarasota, FL 34231-3603

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: P. Richard Clark 4/24/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☑ Change	☐ Addition
NAME	ALLEGRA, ROBERT	1.2 NAME		
STREET ADDRESS	5975 CATTLEMEN LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	☑ Change	☐ Addition
NAME	CHAMBERS, CONNOR	2.2 NAME	SEE ATTACHED	
STREET ADDRESS	5975 CATTLEMEN LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	☑ Change	☐ Addition
NAME	UPTON, BRUCE	3.2 NAME		
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33912	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: P. Richard Clark 4/24/95 813/921-5393
P. Richard Clark
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #