

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Candra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N40603** (5)  
1. Corporation Name  
**TWELVE OAKS I OF TARA ASSOCIATION, INC.**



|                                                                                                                               |                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>CONDOMINIUM MANAGEMENT, INC.<br/>1801 GLENGARY STREET<br/>SARASOTA FL 34231-3603<br/>US</b> | Mailing Address<br><b>CONDOMINIUM MANAGEMENT, INC.<br/>1801 GLENGARY STREET<br/>SARASOTA FL 34231-3603<br/>US</b> |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                             |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/31/1990</b>                                                                                                      | 3a. Date of Last Report<br><b>04/18/1996</b> |
| 4. FEI Number<br><b>65-0226019</b>                                                                                                                          | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00</b> May Be Added to Fees           |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

|                                                                                                                                      |                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>CONDOMINIUM MANAGEMENT INC.<br/>1801 GLENGARY STREET<br/>SARASOTA FL 34231</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | VD <input type="checkbox"/> DELETE      | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BROMLEY, JOHN</b>                    | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>6337 STONE RIVER ROAD, #403</b>      | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | <b>BRADENTON FL 34203</b>               | 1.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | VD <input type="checkbox"/> DELETE      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BIANCO, JOHN A.</b>                  | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>6304 STONE RIVER ROAD, UNIT #604</b> | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | <b>BRADENTON FL 34203</b>               | 2.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | PD <input type="checkbox"/> DELETE      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HOLTON, ROB</b>                      | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>6319 STONE RIVER ROAD, UNIT #403</b> | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | <b>BRADENTON FL 34203</b>               | 3.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | SD <input type="checkbox"/> DELETE      | 4.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROSS, GEORGE H.</b>                  | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>6302 STONE RIVER ROAD</b>            | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | <b>BRADENTON FL 34203</b>               | 4.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | TD <input type="checkbox"/> DELETE      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CHAJA, JOANN</b>                     | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>6328 STONE RIVER ROAD</b>            | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | <b>BRADENTON FL 34203</b>               | 5.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | AS <input type="checkbox"/> DELETE      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CLARK, P. RICHARD</b>                | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>1801 GLENGARY STREET</b>             | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | <b>SARASOTA FL</b>                      | 6.4 CITY - ST - ZIP                                   |                                                                              |

14. I do 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 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 to this address.

SIGNATURE: *P. Richard Clark* **4/23/97** **P. Richard Clark**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **941-921-5393**

CR2E037 (9/96)

**TO1****Twelve Oaks I of Tara Association, Inc.**

Page : 1

Manager THOMAS Local Address

Date Printed: 3/19/97  
Alternate Address

P/D

Mr. John Bromley  
6337 Stone River Road  
Unit #202  
Bradenton, FL 34203

V/D

Mr. George H. Ross  
6302 Stone River Road  
Bradenton, FL 34203

V/D

Mr. John A. Bianco  
6304 Stone River Road  
Bradenton, FL 34203

T/D

Mrs. JoAnn Chaja  
6326 Stone River Road  
Bradenton, FL 34203

D

Mr. Tommy DeMartini  
6305 Stone River Road  
Bradenton, FL 34203

AS

Mr. P. Richard Clark

AT

Mr. Paul R. Clark, Jr.