2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# N40603

Entity Name: TWELVE OAKS I OF TARA ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 65-0226019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SWENSON, CHARLIE
Address: 6325 STONE RIVER RD
City-St-Zip: BRADENTON, FL 34203

Title: VP ( ) Delete
Name: PRATT, JAMES
Address: 6310 STONE RIVER RD
City-St-Zip: BRADENTON, FL 34203

Title: DVP ( ) Delete
Name: JURON, WILLIAM
Address: 6312 STONE RIVER RD.
City-St-Zip: BRADENTON, FL 34203

Title: T ( ) Delete
Name: SPARKS, RUSSELL
Address: 6325 STONE RIVER RD
City-St-Zip: BRADENTON, FL 34203

Title: S ( ) Delete
Name: ROSS, GEORGE
Address: 6302 STINE RIVER
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SWENSON, CHARLES
Address: 6323 STONE RIVER RD
City-St-Zip: BRADENTON, FL 34203

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ROSS, GEORGE
Address: 6302 STONE RIVER
City-St-Zip: BRADENTON, FL 34203

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SWENSON PD 03/06/2007

Electronic Signature of Signing Officer or Director — Date