


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47008 (0)**

T. Corporation Name  
**TWELVE OAKS HOMEOWNERS ASSOCIATION OF PUTNAM COUNTY, INC.**



Principal Place of Business <b>RT 1 BOX 218B INTERLACHEN FL 32148</b>	Mailing Address <b>RT 1 BOX 218B INTERLACHEN FL 32148</b>
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3. Date Incorporated or Qualified <b>01/27/1992</b>		
4. FEI Number <b>59-3117175</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>126 FLORIDIAN CLUB RD</b>	2a. Mailing Address 26 <b>126 FLORIDIAN CLUB RD</b>
Suite, Apt. #, etc. 22 <b>PO BOX 106</b>	Suite, Apt. #, etc. 27 <b>PO BOX 106</b>
City & State 23 <b>WELAKA FL</b>	City & State 28 <b>WELAKA</b>
Zip 24 <b>32193</b>	Country 25 <b>PUTNAM</b>
Zip 29 <b>32193</b>	Country 30 <b>PUTNAM</b>

9. Name and Address of Current Registered Agent

**BASSENT, RAY O.  
RT 1 BOX 218B  
INTERLACHEN FL 32148**

10. Name and Address of New Registered Agent

81 Name <b>FUGATE, HERMAN E.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>126 FLORIDIAN CLUB RD</b>	
83 <b>PO BOX 106</b>	
84 City <b>WELAKA</b>	85 Zip Code <b>FL 32193</b>

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: Herman E. Fugate DATE: 17 Jan 98

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FUGATE, HERMAN E.	
STREET ADDRESS	162 LAKEVIEW DRIVE	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAPP, FRANK	
STREET ADDRESS	10 SAPP ROAD	
CITY-ST-ZIP	GRANDIN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BESSENT, RAY O.	
STREET ADDRESS	RT 1 BOX 21 8B, 340 YAWN AVENUE	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>WELAKA FL 32193-0106</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 with an address.

SIGNATURE: Herman E. Fugate DATE: 17 Jan 98

CR2E037 (10/97)