


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N47008
 1. Entity Name
TWELVE OAKS HOMEOWNERS ASSOCIATION OF PUTNAM COUNTY, INC.



Principal Place of Business 126 FLORIDIAN CLUB RD P O BOX 106 WELAKA, FL 32193 US	Mailing Address 126 FLORIDIAN CLUB RD P O BOX 106 WELAKA, FL 32193 US
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08072006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3117175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUGATE, HERMAN E
 126 FLORIDIAN CLUB RD
 P O BOX 106
 WELAKA, FL 32193

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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: *Herman E Fugate* DATE: _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUGATE, HERMAN E 126 FLORIDIAN CLUB RD WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAPP, FRANK 10 SAPP ROAD GRANDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BESSENT, RAY O RT 1 BOX 21 8B, 340 YAWN AVENUE INTERLACHEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/10/06-80001-012 61.25

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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: *Herman E Fugate* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR