

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 004 ****61.25

DOCUMENT # N06000008491

1. Entity Name
**TWELVE OAKS PLANTATION HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**128 JOHN KING ROAD
SUITE 18
CRESTVIEW, FL 32539**

Mailing Address
**128 JOHN KING ROAD
SUITE 18
CRESTVIEW, FL 32539**

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
908 Bardengate Circle
City & State
Pensacola, Florida

Suite, Apt. #, etc.
908 Bardengate Circle
City & State
Pensacola, Florida

04212008 Chg-NP CR2E037 (12/06)

Zip
32504

Country
USA

Zip
32504

Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLCOMB, DAVID
128 JOHN KING ROAD
SUITE 18
CRESTVIEW, FL 32539**

Name **Kevin Ethendige**
Street Address (P.O. Box Number is Not Acceptable)

908 Bardengate Circle
City **Pensacola** **FL** Zip Code **32504**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPST** ☒ Delete
NAME **HEAD, HOWARD O**
STREET ADDRESS **128 JOHN KING ROAD SUITE 18**
CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **DPST** ☐ Change ☒ Addition
NAME **David Holcomb**
STREET ADDRESS **128 John King Rd. Suite 18**
CITY-ST-ZIP **Crestview, FL 32539**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

DATE

850-484-2611

DAYTIME PHONE #