2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008491

FILED Apr 23, 2009 Secretary of State

Entity Name: TWELVE OAKS PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

908 GARDENGATE CIRCLE PENSACOLA, FL 32504 US

Current Mailing Address: New Mailing Address:

908 GARDENGATE CIRCLE PENSACOLA, FL 32504 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ETHENRIDGE, KEVIN ETHERIDGE, KEVIN R
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 US
ETHERIDGE, KEVIN R
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 US

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: KEVIN R. ETHERIDGE 04/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: PD (X) Change () Addition

Name: HOLCOMB, DÁVID Name: HOLCOMB, DÁVID

 Address:
 128 JOHN KING ROAD SUITE 18
 Address:
 128 JOHN KING RD. STE.#18

 City-St-Zip:
 CRESTVIEW, FL 32539
 CrestVIEW, FL 32539
 CRESTVIEW, FL 32539

Title: () Delete Title: VPD () Change (X) Addition

 Name:
 Name:
 MCEACHEM, SANDY

 Address:
 Address:
 128 JOHN KING RD. STE.#18

 City-St-Zip:
 City-St-Zip:
 CRESTVIEW, FL 32539

Title: () Delete Title: STD () Change (X) Addition

Name: PATTERSON, MIKE
Address: Address: 128 JOHN KING RD. STE.#18
City-St-Zip: City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN R. ETHERIDGE RA 04/23/2009