

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11443

**Entity Name:** TWELVE OAKS HOMEOWNERS ASSOCIATION OF OSCEOLA COUNTY, INC.

**FILED  
Apr 18, 2016  
Secretary of State  
CC4403144185**

**Current Principal Place of Business:**

1590 TWELVE OAKS CIRCLE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1590 TWELVE OAKS CIRCLE  
KISSIMMEE, FL 34744 US

**FEI Number: 59-2596443**

**Certificate of Status Desired: No**

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

PINKSTON, ROBERT  
1590 TWELVE OAKS CIRCLE  
KISSIMMEE, FL 34744 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name ZEMAN, MILOSLAV  
Address 1590 TWELVE OAKS CIRCLE  
City-State-Zip: KISSIMMEE FL 34744

Title ST  
Name PINKSTON, RACHEL  
Address 1590 TWELVE OAKS CIRCLE  
City-State-Zip: KISSIMMEE FL 34744

Title P  
Name PINKSTON, ROBERT  
Address 1590 TWELVE OAKS CIR  
City-State-Zip: KISSIMMEE FL 34744

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT PINKSTON**

**PRESIDENT**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date