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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

19964-10-96 B 33 FON ON CORPORATIONS

DOCUMENT # 745879 (7) TRAILS TWELVE OAKS HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Bu		Mailing Address  * BARBARA PERRYM			—   1760/11/100/12/100/10/10/10/10/10/10/10/10/10/10/10/10		<b>11011 01111 150</b> 1
1427 OAK FORES ORMOND BCH. FL US	ST DR	1427 OAK FOREST DE ORMOND BCH. FL 321 US	ì		3. Date Incorporated or Qualified 02/08/1979	3a. Date of Last 07/31/1	
2. Principal Place of	of Business	2a. Mailing Address			4. FEI Number		pplied For
21		Suite, Apt. #, etc.		····	59-1957147		lot Applicable Additional
Suite, Apt. #, etc	G.	27			5. Certificate of Status Desired		Sequired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	7	May Be
<b>Z</b> ip	Country	Zip	Counti	γ	This corporation has flability for its second continuous.		
24)	25	29	30		Florida Statutes	☐ Yes ☐ No	
9.	Name and Address of Current	t Registered Agent	8	1 Name	10. Name and Address of New R	Registered Agent	
PERRYMAN, 1427 OAK F			8	2 Street Addi	ress (P.O. Box Number is Not Acceptab	ole)	
	POREST DR 3CH. FL 32174		8	3			
UNMORU D	JOHA PE JETTY		8	4 City		85 Zij	Code
			1 -			<b>FL</b>	
11. Pursuant to the	ne provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above	named corpor	ration submits this statement for the pur	rpose of changing its r wintment as registered	egistered office agent. I am
or registered ag familiar with, an	ne provisions of Sections 617,0502 agent, or both, in the State of Floric and accept the obligations of, Sectional accept the obligations of, Sectional accept the obligations of sections of the section	da. Such change was authorizion 617.0503, Florida Statutes	ea by the co	named corpor poration's boar gent signature require	ed when reliastating)	DATE	
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SIGNATURE: \_

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAPER LEAD M. DORRESTOR DIRECTOR

Sec/ Jus 4/3/94 (904/6-70-9969