

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-4-10-96

B 3310 NC

DOCUMENT # 745879

(7)

1. Corporation Name

TRAILS TWELVE OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% BARBARA PERRYMAN
1427 OAK FOREST DR
ORMOND BCH. FL 32174-5519
US

% BARBARA PERRYMAN
1427 OAK FOREST DR
ORMOND BCH. FL 32174-5519
US

3. Date Incorporated or Qualified

02/08/1979

3a. Date of Last Report

07/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1957147

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRYMAN, BARBARA
1427 OAK FOREST DR
ORMOND BCH. FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME JOHNSTON, ISAAC
STREET ADDRESS 10 TWELVE OAKS TR.
CITY - ST - ZIP ORMOND BCH., FL 00000

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME PERRYMAN, BARBARA
STREET ADDRESS 1427 OAK FOREST DR
CITY - ST - ZIP ORMOND BCH. FL

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME KELLY, ELAINE
STREET ADDRESS 9 TWELVE OAKS TR.
CITY - ST - ZIP ORMOND BCH., FL 00000

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME DODSON, JANE
STREET ADDRESS 22 TWELVE OAKS TR.
CITY - ST - ZIP ORMOND BCH. FL

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Sec/Treas) 4/3/96 (904) 672-9909
Barbara M. Perryman

CR2E037 (12/95)