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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745879** (7)
1. Corporation Name
TRAILS TWELVE OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business % BARBARA PERRYMAN 1427 OAK FOREST DR ORMOND BCH. FL 32174-5519 US	Mailing Address % BARBARA PERRYMAN 1427 OAK FOREST DR ORMOND BCH. FL 32174-3407 US
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2. Principal Place of Business 21 % Isaac Johnston Suite, Apt. #, etc. 22 10 Twelve Oaks Trail City & State 23 Ormond Bch, Fl. Zip 24 32174 Country 25 US	2a. Mailing Address 26 % Isaac Johnston Suite, Apt. #, etc. 27 10 Twelve Oaks Trail City & State 28 Ormond Beach, Fl. Zip 29 32174 Country 30 US	3. Date Incorporated or Qualified 02/08/1979	3a. Date of Last Report 04/10/1996
		4. FEI Number 59-1957147	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PERRYMAN, BARBARA 1427 OAK FOREST DR ORMOND BCH. FL 32174	10. Name and Address of New Registered Agent 81 Name Isaac Johnston 82 Street Address (P.O. Box Number is Not Acceptable) 10 Twelve Oaks Trail 83 Ormond Beach 84 City FL 85 Zip Code 32174
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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 *Isaac W. Johnston* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSTON, ISAAC 10 TWELVE OAKS TR. ORMOND BCH., FL 00000 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PERRYMAN, BARBARA 1427 OAK FOREST DR ORMOND BCH. FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	STD Perryman, Barbara 797 N. Beach Street Ormond Beach, Fl. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, ELAINE 9 TWELVE OAKS TR. ORMOND BCH., FL 00000 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DODSON, JANE 22 TWELVE OAKS TR. ORMOND BCH. FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Isaac W. Johnston* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**