SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR SEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998 DIVISION OF CORPORATIONS			Secretary of State		
DOCUMENT # 745879 (7)						Secretary of State
TRAILS TWELVE OAKS HOMEOWNERS ASSOCIATION, INC.					T (Barri rom) araki dina haki nama nama ki bibi arahi arah arah arah arah arah arah ar	
Principal Place of Business			Malling Address			
C/O ISAAC JOHNSTON C/O ISAAC JOHNSTOI						Date Incorporated or Qualified
C/O ISAAC JOHNSTON 10 TWELVE OAKS TRAIL			10 TWELVE OAKS TRAIL			02/08/1979
ORMOND BCH. FL 32174			ORMOND BCH. FL 32174 US			4. FEI Number Applied For
US						59-1957147 Not Applicable
Principal Place of Business 1			2a. Malling Address 26			5. Certificate of Status Desired \$8.75 Additional Fee Regulred
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22			27			Trust Fund Contribution Added to Fees
City & Sta	110	28	City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Cou	intry	Zip	Country		8. This corporation owes or has paid the current year intangible
24	25	29	, '	30		Personal Property Tax due June 30. Yes No
	9. Name and Ad	dress of Current Regi	stered Agent			10. Name and Address of New Registered Agent
				81	Name	
JOHNSTO		82	Street A	Address (P.O. Box Number is Not Acceptable)		
10 TWELVE OAKS TRAIL ORMOND BCH. FL 32174			83			
			84 City		City	85 Zip Code
						FL, ``
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 a	m familiar with, and a	ccept the obligations of	, section 617.0503, Florid	la Statutes.	,	
SIGNATURE	Signature, typed or printed n	ame of registered agent and title	if applicable. (NOT	E: Registered Ac	ent signature	a required when reinstating) DATE
12.		OFFICERS AND DIR	ECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE		Change Addition
NAME	JOHNSTON, ISAAC			1.2 NAME		
ſ	10 TWELVE OAKS			1.3 STREET	ľ	
CITY-ST-ZIP TITLE	ORMOND BCH., F	r 00000	[] bt ===	1.4 CITY-ST 2.1 TITLE	-ZIP	
NAME	PERRYMAN, BARBARA		DEL ete	2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	ORMOND BCH. F			2.4 CITY-ST	-ZIP	
TITLE	D DELETE		3.1 TITLE		Change Addition	
NAME	KELLY, ELAINE		3.2 NAME			
I .	TREET ADDRESS 9 TWELVE OAKS TR.		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST	-ZIP		
	DODSON, JANE		4.1 TITLE 4.2 NAME		Change Addition	
	STREET ADDRESS 22 TWELVE OAKS TR.		4.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP ORMOND BCH. FL				4.4 CITY-ST-ZIP		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME			_ =====	5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	!
CITY-ST-ZIP				5.4 CITY-ST	-ZIP	
TITLE	1		DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		· ·
STREET ADDRESS				6.3 STREET		
CITY-ST-ZIP	L			6.4 CITY-ST	-ZIP	

SIGNATURE: .

Basica. Valus-BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

14. I 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 ennual 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, og on an attachment with an eddress.

FILED

Oct 01 1998 8:00am°