2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748983

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33634

MILLER, TODD

7302 BARRY RD

TAMPA, FL 33634 US

() Delete

TD

FILED May 14, 2005 Secretary of State

Entity Name: TWELVE OAKS CIVIC ASOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 7302 BARRY RD TAMPA, FL 33634 US **Current Mailing Address: New Mailing Address:** PO BOX 261012 TAMPA, FL 336851012 US FEI Number: 59-2000322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, TODD 7302 BÁRRY ROAD TAMPA, FL 33634 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete QUINTANE, MIKE MIDDLETON, ROSEMARIE Name: Name: Address: 7435 OAK VISTA CIRCLE Address: 7003 EDENBROOK COURT City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634 (X) Change () Addition Title: () Delete Title: Name: MIDDLETON, ROSEMARIE Name: BUFKIN, RICHARD Address: 7003 EDENBROOK COURT Address: 8232 MALVERN CIRCLE City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33615 Title: () Delete Title: () Change () Addition FEIGENBAUM, SCOTT Name: Name: 7001 FORESTVIEW COURT Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TODD MILLER TD 05/14/2005

() Change () Addition