


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90018 033 \*\*\*\*61.25

<b>DOCUMENT # 748983</b> 1. Entity Name <b>TWELVE OAKS CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>7302 BARRY RD TAMPA, FL 33634 US</b>			Mailing Address <b>PO BOX 261012 TAMPA, FL 33685-1012 US</b>		
2. Principal Place of Business <b>8232 Malvern Cir.</b>			3. Mailing Address <b>P.O. Box 261012</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Tampa, FL</b>			City & State <b>Tampa, FL</b>		
Zip <b>33634</b>			Zip <b>33685-1012</b>		
Country <b>U.S.</b>			Country <b>U.S.</b>		
6. Name and Address of Current Registered Agent  <b>MILLER, TODD 7302 BARRY ROAD TAMPA, FL 33634</b>			7. Name and Address of New Registered Agent Name <b>Richard S. Bufkin</b> Street Address (P.O. Box Number is Not Acceptable) <b>8232 Malvern Cir.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33634</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Richard S. Bufkin</u> DATE <u>02/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	<b>PD MIDDLETON, ROSEMARIE</b>	<b>7003 EDENBROOK COURT</b>	<b>TAMPA, FL 33634</b>		
	<b>VPD BUFKIN, RICHARD</b>	<b>8232 MALVERN CIRCLE</b>	<b>TAMPA, FL 33615</b>	<input checked="" type="checkbox"/> Delete	
	<b>SD FEIGENBAUM, SCOTT</b>	<b>7001 FORESTVIEW COURT</b>	<b>TAMPA, FL 33634</b>	<input checked="" type="checkbox"/> Delete	
	<b>TD MILLER, TODD</b>	<b>7302 BARRY RD</b>	<b>TAMPA, FL 33634</b>	<input checked="" type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>VPD Allan Frankel</b>	<b>7208 Armand Dr.</b>	<b>Tampa, FL 33634</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>SD Sonia Correa</b>	<b>6905 Seton Ln.</b>	<b>Tampa, FL 33634</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>TD Richard Bufkin</b>	<b>8232 Malvern Cir.</b>	<b>Tampa, FL 33634</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Richard S. Bufkin</b>				<b>02/20/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
<b>813-885-2947</b>				<small>Daytime Phone #</small>	