

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 762682 (3)**  
1. Corporation Name  
**TWELVE OAKS ASSOCIATION, INC.**



Principal Place of Business: **2980 HARTLEY RD. WEST SUITE #4 JACKSONVILLE FL 32257**  
Mailing Address: **2980 HARTLEY RD. WEST SUITE #4 JACKSONVILLE FL 32257**

3. Date Incorporated or Qualified: **03/31/1982**  
3a. Date of Last Report: **08/24/1995**  
4. FEI Number: **59-2282933**  
Applied For:  Yes  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent: **CATHURM D. WINTERFIELD 2980 HARTLEY RD. WEST #4 JACKSONVILLE FL 32073**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: JANE DELORETO	1.1 TITLE: V.P.	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 6839 OLD CHURCH RD	CITY-ST-ZIP: GREEN COVE SPRINGS FL 32043	1.2 NAME: Donna Toronto	
TITLE: VP	NAME: JIM KING	1.3 STREET ADDRESS: 2300 Twelve Oaks Dr G.5	
STREET ADDRESS: 2714 RIVER OAK DR	CITY-ST-ZIP: ORANGE PARK FL 32073	1.4 CITY-ST-ZIP: Jacksonville, FL 32065	
TITLE: S	NAME: LINDA BUNN	2.1 TITLE: PD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 2223 ASTRO ST. GR6	CITY-ST-ZIP: ORANGE PARK FL 32073	2.2 NAME: Michael Rukowski	
TITLE: T	NAME: IRIS WOOD	2.3 STREET ADDRESS: 2200 Twelve Oaks Dr. H5	
STREET ADDRESS: 377 OLDFIELD RD	CITY-ST-ZIP: ORANGE PARK FL 32073	2.4 CITY-ST-ZIP: Jacksonville, FL 32065	
TITLE: D	NAME: SHERRY PRATER	3.1 TITLE: Secretary	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2300 TWELVE OAKS DR	CITY-ST-ZIP: ORANGE PARK FL 32065	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE: J	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME: Jan Elswick	
TITLE:	NAME:	4.3 STREET ADDRESS: 2300 Twelve Oaks Dr. G4	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP: Jacksonville, FL 32065	
TITLE:	NAME:	5.1 TITLE: Michael Rukowski	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS: 2300 Twelve Oaks Dr. H5	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP: Jacksonville, FL 32065	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 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: *Janice Elswick* **JANICE ELSWICK** 1-28-96 391-2267  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (12/95)