

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 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 # 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 32257-8202
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3. Date Incorporated or Qualified 03/31/1982	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-2282933	Applied For Not Applicable
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6. 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

**CATHURM D. WINTERFIELD
2980 HARTLEY RD. WEST #4
JACKSONVILLE FL 32073**

10. Name and Address of New Registered Agent

81 Name
CATHRYN D. WINTERFIELD
82 Street Address (P.O. Box Number Is Not Acceptable)
SENTRY MANAGEMENT, INC.
83
2980 HARTLEY RD WEST, STE 4
84 City
JACKSONVILLE FL 85 Zip Code
32257

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 617.032, Florida Statutes.

SIGNATURE: *Cathryn D. Winterfield* DATE: **4-4-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRONIO, DONNA 2300 TWELVE OAKS DR G JACKSONVILLE FL	DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUKOWSKI, MICHAEL 2300 TWELVE OAKS DR JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELSWICK, JAN 2300 TWELVE OAKS DR JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRY PRATER 2300 TWELVE OAKS DR ORANGE PARK FL 32065	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD TROINO, DONNA 2300 TWELVE OAKS DR #G5 ORANGE PARK FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD TAUCH, LARRY 2300 TWELVE OAKS DR #C3 ORANGE PARK FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD GAINEY, MARY FRANCIS 2300 TWELVE OAKS DR #C3 ORANGE PARK FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD PETERSON, RYAN 2300 TWELVE OAKS DR #D1 ORANGE PARK FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: _____ DAYTIME PHONE # **0008947**

Signature and typed or printed name of signing officer or director

CR2E037 (9/96)