


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

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762682 (3)**  
1. Corporation Name  
**TWELVE OAKS ASSOCIATION, INC.**



Principal Place of Business <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044</b>	Mailing Address <b>2180 WEST SR 434 5000 LONGWOOD FL 32779-5044 US</b>
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3. Date Incorporated or Qualified  
**03/31/1982**

4. FEI Number  
**59-2282933**

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**WINTERFIELD, CATHRYN D.  
SENTRY MANAGEMENT, INC.  
2980 HARTLEY RD., W., STE. 4  
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name	<b>JAMES W. HART, JR.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000</b>
83 City	<b>LONGWOOD FL 85 Zip Code 32779</b>

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 *[Signature]* **JAMES W. HART, JR.** **2/3/98**

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	DP <b>TRONIO, DONNA</b>	1.1 TITLE	PD <b>TRONIO, DONNA</b>
NAME	<b>2300 TWELVE OAKS DR., #G5 JACKSONVILLE FL</b>	1.2 NAME	<b>1316 PLAINFIELD AVE ORANGE PARK FL 32073</b>
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD <b>TAUCH, LARRY</b>	2.1 TITLE	SD <b>HOLIFIELD, CINDY</b>
NAME	<b>2300 TWELVE OAKS DR., #C3 ORANGE PARK FL</b>	2.2 NAME	<b>2300 TWELVE OAKS DR #B5 ORANGE PARK FL 32065</b>
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD <b>GAINEY, MARY FRANCIS</b>	3.1 TITLE	TD <b>CHANDLER, BRIAN</b>
NAME	<b>2300 TWELVE OAKS DR., #C3 ORANGE PARK FL</b>	3.2 NAME	<b>2300 TWELVE OAKS DR #H1 ORANGE PARK FL 32065</b>
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D <b>SHERRY PRATER</b>	4.1 TITLE	
NAME	<b>2300 TWELVE OAKS DR ORANGE PARK FL 32065</b>	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD <b>PETERSON, RYAN</b>	5.1 TITLE	VD
NAME	<b>2300 TWELVE OAKS DR., #D1 ORANGE PARK FL</b>	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD <b>TAUCH, LARRY</b>	2.1 TITLE	SD <b>HOLIFIELD, CINDY</b>
NAME	<b>2300 TWELVE OAKS DR., #C3 ORANGE PARK FL</b>	2.2 NAME	<b>2300 TWELVE OAKS DR #B5 ORANGE PARK FL 32065</b>
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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]* **DONNA TRONIO** **3/3/98** **278-7767**

CP2E037 (10/97)