


FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90042 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762682

1. Corporation Name
TWELVE OAKS ASSOCIATION, INC.

Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044	Mailing Address 2180 WEST SR 434 5000 LONGWOOD FL 32779-5044 US
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2. Principal Place of Business 21 1202 Kingsley Avenue Suite, Apt. #, etc. 22 Orange Park, Fl City & State 23 32073 USA Zip Country	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 " City & State 28 " Zip Country 29 30	3. Date Incorporated or Qualified 03/31/1982	4. FEI Number 59-2282933 Applied For Not Applicable
5. 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	

9. Name and Address of Current Registered Agent HART, JAMES W. J SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779	10. Name and Address of New Registered Agent 81 Name Jane Allen % Allen Real Estate 82 Street Address (P.O. Box Number is Not Acceptable) 1202 Kingsley Avenue 83 Orange Park, Fl 32073 84 City FL 85 Zip Code
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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 JANE L. ALLEN Jane L. Allen DATE 4-20-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME TROMO, DONNA STREET ADDRESS 1316 PLAINFIELD AVE CITY-ST-ZIP ORANGE PARK FL 32073	Resident <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Richard Martin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2300 Twelve Oaks G4 board member Orange Park, Fl 32065
TITLE SD NAME HOLIFIELD, CINDY STREET ADDRESS 2300 TWELVE OAKS DR #B5 CITY-ST-ZIP ORANGE PARK FL 32065	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Liga Melson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2300 Twelve Oaks G3 Orange Park, Fl 32065 Board member
TITLE TD NAME CHANDLER, BRIAN STREET ADDRESS 2300 TWELVE OAKS DR #H1 CITY-ST-ZIP ORANGE PARK FL 32065	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D NAME SHERRY PRATER STREET ADDRESS 2300 TWELVE OAKS DR CITY-ST-ZIP ORANGE PARK FL 32065	Secretary <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE VD NAME PETERSON, RYAN STREET ADDRESS 2300 TWELVE OAKS DR, #D1 CITY-ST-ZIP ORANGE PARK FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(l), 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Donna Tromo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (11/98)