

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90096 001 \*\*\*\*61.25

**DOCUMENT # 762682**

1. Entity Name  
**TWELVE OAKS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**1202 KINGSLEY AVENUE**      **1202 KINGSLEY AVENUE**  
**ORANGE PARK FL 32073**      **ORANGE PARK FL 32073-4632**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2282933**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ALLEN, JANE**  
**C/O ALLEN REAL ESTATE**  
**1202 KINGSLEY AVENUE**  
**ORANGE PARK FL 32073**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE *Jane Allen Hall*      DATE **4-11-00**

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

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>TRONIO, DONNA</b> <b>1316 PLAINFIELD AVE</b> <b>ORANGE PARK FL 32073</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DBM</b> <b>MARTIN, RICHARD</b> <b>2300 TWELVE OAKS G4</b> <b>ORANGE PARK FL 32065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DBM</b> <b>MALSON, LISA</b> <b>2300 TWELVE OAKS G3</b> <b>ORNAGE PARK FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PRATER, SHERRY</b> <b>2300 TWELVE OAKS DR</b> <b>ORANGE PARK FL 32065</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PETERSON, RYAN</b> <b>2300 TWELVE OAKS DR., #D1</b> <b>ORANGE PARK FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>TD</b> <b>Telban, Doug</b> <b>2300 Twelve Oak Dr. C4</b> <b>Orange Park, FL 32065</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>SD</b> <b>Gainey, Mary Francis</b> <b>2300 Twelve Oaks Dr.</b> <b>Orange Park, FL 32065</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>VPD</b> <b>Hinneburg, Tammy</b> <b>2300 Twelve Oaks Dr. D6</b> <b>Orange Park, FL 32065</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: *Donna Trinio*      SIGNATURE REQUIRED      *Donna Trinio*      Date **4/27/2000**      Daytime Phone # **904-264-6310**

CR2E037 (9/99)