

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90049 019 ****61.25

DOCUMENT # 762682

1. Entity Name

TWELVE OAKS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2300 TWELVE OAKS DR., #T-1
 ORANGE PARK FL 32065**

**2300 TWELVE OAKS DR., #T-1
 ORANGE PARK FL 32065**

BUUSRUW



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2282933

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TROINO, DONNA
 TWELVE OAKS ASSOCIATION, INC.
 2300 TWELVE OAKS DR., #T-1
 ORANGE PARK FL 32065**

Name **Delcomyn, Vina C**

Street Address (P.O. Box Number is Not Acceptable)
4759 Leopard Circle

City **Middleburg**

FL

Zip Code **32068**

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

Vina C. Delcomyn
 Signature, typed or printed name of registered agent and title if applicable.

Vina C. Delcomyn
 (NOTE: Registered Agent signature required when reinstating)

2/7/02
 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	DP	<input type="checkbox"/> Delete
NAME	TRONIO, DONNA	
STREET ADDRESS	1316 PLAINFIELD AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	MARTIN, RICHARD	
STREET ADDRESS	2300 TWELVE OAKS G4	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELSON, LISA	
STREET ADDRESS	2300 TWELVE OAKS G3	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KOLLASCH, DAVID	
STREET ADDRESS	2300 TWELVE OAKS DRIVE # D-3	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PLUMTREE, FRANCIS	
STREET ADDRESS	2300 TWELVE OAKS DRIVE # C-2	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GAINEY, MARYFRANCIS	
STREET ADDRESS	2300 TWELVE OAKS DR # C-3	
CITY-ST-ZIP	ORANGE PARK FL 32065	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02
 Date

Date

Daytime Phone #

CR2E037 (9/01)