

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90232 005 ****61.25

DOCUMENT # 762682

1. Entity Name
TWELVE OAKS ASSOCIATION, INC.

Principal Place of Business: **2300 TWELVE OAKS DR., #T-1
ORANGE PARK FL 32065**

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

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



CHECK HERE IF MAKING CHANGES

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
**DELEOMYN, VINA C
4759 LEOPARD CIRCLE
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent
Name: **DELCOMYN**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Vina C. Delcomyn* **VINA C. DELCOMYN** DATE: **1/21/03**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TRONIO, DONNA		NAME:	
STREET ADDRESS: 1316 PLAINFIELD AVE		STREET ADDRESS:	
CITY-ST-ZIP: ORANGE PARK FL 32073		CITY-ST-ZIP:	
TITLE: DBM	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARTIN, RICHARD		NAME:	
STREET ADDRESS: 2300 TWELVE OAKS G4		STREET ADDRESS:	
CITY-ST-ZIP: ORANGE PARK FL 32065		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MELSON, LISA		NAME:	
STREET ADDRESS: 2300 TWELVE OAKS G3		STREET ADDRESS:	
CITY-ST-ZIP: ORANGE PARK FL 32065		CITY-ST-ZIP:	
TITLE: DV	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOLLASCH, DAVID		NAME:	
STREET ADDRESS: 2300 TWELVE OAKS DRIVE # D-3		STREET ADDRESS:	
CITY-ST-ZIP: ORANGE PARK FL 32065		CITY-ST-ZIP:	
TITLE: DT	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GAINEY, MARYFRANCIS		NAME:	
STREET ADDRESS: 2300 TWELVE OAKS DR # C-3		STREET ADDRESS:	
CITY-ST-ZIP: ORANGE PARK FL 32065		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *Donna Tronio* **SIGNATURE REQUIRED** *Donna Tronio* **502-2819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)