


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N00579 1. Entity Name TWELVE OAKS VILLAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7212 DAIQUIRI LANE P.O. BOX 12 TAMPA FL 33634	Mailing Address 7212 DAIQUIRI LANE P.O. BOX 12 TAMPA FL 33634
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2426836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHRADER, NANCY K 6205 PINA COLADA CT TAMPA FL 33634	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P/D <input type="checkbox"/> Delete
NAME	SHRADER, ROBERT
STREET ADDRESS	6205 PINA COLADA CT
CITY - ST - ZIP	TAMPA FL 33634
TITLE	T/D <input type="checkbox"/> Delete
NAME	VEGA, LUIS
STREET ADDRESS	6203 AMARETTO LN.
CITY - ST - ZIP	TAMPA FL 33634
TITLE	D <input type="checkbox"/> Delete
NAME	STAHL, DORIS
STREET ADDRESS	6214 PINA COLADA CT
CITY - ST - ZIP	TAMPA FL 33634
TITLE	S/D <input type="checkbox"/> Delete
NAME	SHRADER, NANCY
STREET ADDRESS	6205 PINA COLADA CT
CITY - ST - ZIP	TAMPA FL 33634
TITLE	D <input type="checkbox"/> Delete
NAME	MCCREARY, DEANNA
STREET ADDRESS	6201 AMARETTO LANE
CITY - ST - ZIP	TAMPA FL 33634
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	000001275481
CITY - ST - ZIP	03/25/05-80801-023 61.25
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: Robert H. Shrader **ROBERT H. SHRADER** 03-22-05 813 885-7963

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