


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N00579
 1. Entity Name
 TWELVE OAKS VILLAS CONDOMINIUM ASSOCIATION, INC.



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



02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2426836** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 SHRADER, NANCY K
 6205 PINA COLADA CT
 TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

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: *Nancy K Shrader* DATE: **3-21-06**

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

Filing Fee is \$61.25
Due by May 1, 2006

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

000000482962
 04/11/06-80097-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	SHRADER, ROBERT
STREET ADDRESS	6205 PINA COLADA CT
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	T/D
NAME	VEGA, LUIS
STREET ADDRESS	6203 AMARETTO LN.
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	STAHL, DORIS
STREET ADDRESS	8214 PINA COLADA CT
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	S/D
NAME	SHRADER, NANCY
STREET ADDRESS	6205 PINA COLADA CT
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	MCCREARY, DEANNA
STREET ADDRESS	6201 AMARETTO LANE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 117, 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]* DATE: **3-21-06** DAYTIME PHONE #: **813-885-7963**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR