
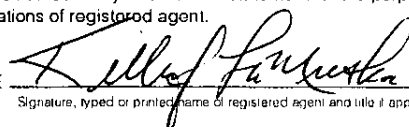
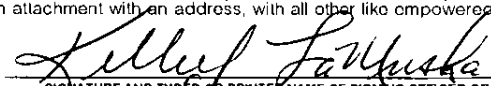


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90418 010 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 KELLEY J LAMUSKA Street Address (P.O. Box Number is Not Acceptable) 7207 DAIQUIRI LN City TAMPA FL Zip Code 33634	
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  DATE 4/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			
10. OFFICERS AND DIRECTORS			
TITLE	P/D <input checked="" type="checkbox"/> Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME	SHRADER, ROBERT	NAME	T/D IS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6205 PINA COLADA CT	NAME	KELLEY LAMUSKA
CITY - ST - ZIP	TAMPA FL 33634	STREET ADDRESS	7207 DAIQUIRI LN
		CITY - ST - ZIP	TAMPA, FL 33634
TITLE	T/D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEGA, LUIS	NAME	GERALDINE CARRUBA
STREET ADDRESS	6203 AMARETTO LN.	STREET ADDRESS	7203 DAIQUIRI LN
CITY - ST - ZIP	TAMPA FL 33634	CITY - ST - ZIP	TAMPA, FL 33634
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAHL, DORIS	NAME	TERESA STUBBS
STREET ADDRESS	6214 PINA COLADA CT	STREET ADDRESS	6205 PINA COLADA CT
CITY - ST - ZIP	TAMPA FL 33634	CITY - ST - ZIP	TAMPA, FL 33634
TITLE	S/D <input checked="" type="checkbox"/> Delete	TITLE	DEANNA AMARETTO P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHRADER, NANCY	NAME	DEANNA MCCREARY
STREET ADDRESS	6205 PINA COLADA CT	STREET ADDRESS	6201 AMARETTO LN
CITY - ST - ZIP	TAMPA FL 33634	CITY - ST - ZIP	TAMPA, FL 33634
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREARY, DEANNA	NAME	
STREET ADDRESS	6201 AMARETTO LANE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33634	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 exemptions contained in Section 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 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: 		DATE: 4/9/07 (813) 787-6786	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	