

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90117 005 ****61.25

DOCUMENT # N11443

1. Entity Name

**TWELVE OAKS HOMEOWNERS ASSOCIATION OF OSCEOLA CO
UNTY, INC.**

Principal Place of Business

Mailing Address

1596 TWELVE OAKS CIR.
KISSIMMEE FL 34744
US

1596 TWELVE OAKS CIR.
KISSIMMEE FL 34744
US

2. Principal Place of Business

1587 TWELVE OAKS CIR.

Suite, Apt. #, etc.

3. Mailing Address

1587 TWELVE OAKS CIR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-2596443

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34744

Country

USA

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

BENEKE, WARREN
1582 TWELVE OAKS CIR
KISSIMMEE FL 34744

Name **BARNARD, - BRUCE**

Street Address (P.O. Box Number is Not Acceptable)
1587 TWELVE OAKS CIR.

City **Kissimmee**

FL

Zip Code **34744**

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

Bruce Barnard

BRUCE BARNARD

2-8-02

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

(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☒ Delete
NAME **BENEKE, WARREN**
STREET ADDRESS **1589 TWELVE OAKS CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **PD** ☒ Change ☐ Addition
NAME **GERALD HICKS**
STREET ADDRESS **1591 TWELVE OAKS CIRCLE**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **VPD** ☐ Delete
NAME **CAMPBELL, DAVID**
STREET ADDRESS **1589 TWELVE OAKS CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **RAU, SANDRA**
STREET ADDRESS **1596 TWELVE OAKS CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **STD** ☒ Change ☐ Addition
NAME **BRUCE BARNARD**
STREET ADDRESS **1587 TWELVE OAKS CIRCLE**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bruce Barnard **BRUCE BARNARD**

2-8-02

407-847-2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)