

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90001 018 ****61.25

DOCUMENT # N40224

1. Entity Name
TWELVE OAKS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**8524 SE WILKES PL
HOBE SOUND, FL 33455 US**

Mailing Address
**8524 SE WILKES PL
HOBE SOUND, FL 33455 US**

50053183



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05282005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0345159

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WOODS, WALTER G
310 SW OCEAN BLVD
STUART, FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

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

TITLE **D** ☒ Delete
NAME **BARKER, ROBERT D**
STREET ADDRESS **8590 SE WILKES PL**
CITY-ST-ZIP **HOBE SOUND, FL**

TITLE **S** ☒ Delete
NAME **SPORL, KIM**
STREET ADDRESS **8524 SE WILKES PL**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **T** ☐ Delete
NAME **DANIEL, MICHAEL**
STREET ADDRESS **8523 SE WILKES PL**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **V** ☐ Delete
NAME **GOBLER, ROGER**
STREET ADDRESS **8546 SE WILKER PL**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **P** ☐ Delete
NAME **DONOHUE, STEPHEN**
STREET ADDRESS **SE WILKES PLACE**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **S** ☐ Change ☒ Addition
NAME **PATRICIA WAGGONER**
STREET ADDRESS **8589 SE WILKES PL**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-01-05 7725457366