

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40224

FILED
Jun 15, 2008
Secretary of State

Entity Name: TWELVE OAKS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8523 SE WILKES PL
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

8523 SE WILKES PL
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 65-0345159 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOODS, WALTER G
145 NW CENTRAL PARK PLAZA
SUITE 200
PORT ST. LUCIE, FL 34986 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PELKEY, REILLY
Address: 8589 SE WILKES PL
City-St-Zip: HOBE SOUND, FL 33455

Title: V () Delete
Name: GOBLER, ROGER
Address: 8546 SE WILKES PL
City-St-Zip: HOBE SOUND, FL 33455

Title: T () Delete
Name: DANIEL, MICHAEL
Address: 8523 SE WILKER PL
City-St-Zip: HOBE SOUND, FL 33455

Title: S () Delete
Name: BRENNALT, ERIC
Address: 8467 SE WILKES PLACE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SPORL, KIM
Address: 8524 SE WILKES PL
City-St-Zip: HOBE SOUND, FL 33455

Title: V (X) Change () Addition
Name: LAPNOW, RICHARD
Address: 8501 SE WILKES PL
City-St-Zip: HOBE SOUND, FL 33455

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BRENNALT, PENNY
Address: 8467 SE WILKES PLACE
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL K DANIEL

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06/15/2008

Electronic Signature of Signing Officer or Director

Date