2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N40224

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: SPORL, KIM
Address: 8524 SE WILKES PL
City-St-Zip: HOBE SOUND, FL 33455

Title: V ( ) Delete
Name: LAPNOW, RICHARD
Address: 8501 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, PENNY
Address: 8467 SE WILKES PLACE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MK DANIEL T 04/21/2009
Electronic Signature of Signing Officer or Director — Date