

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40224

**FILED**  
**Apr 27, 2010**  
**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 ( )**

**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  
**Name:** PELKEY, REILLY  
**Address:** 8589 SE WILKES PL  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** V  
**Name:** LAPNOW, RICHARD  
**Address:** 8501 SE WILKES PL  
**City-St-Zip:** HOBE SOUND, FL 33455

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

**Title:** S  
**Name:** BRENNALT, PENNY  
**Address:** 8467 SE WILKES PLACE  
**City-St-Zip:** HOBE SOUND, FL 33455

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL DANIEL

T

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date