## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N40603

TWELVE OAKS I OF TARA ASSOCIATION, INC.



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**FILED** 

Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90374 018 \*\*\*\*61.25

Principal Place of Business C/O ARGUS PROPERTY MANAGEMENT INC 2477 STICKNEY POINT RD - STE. 118-A SARASOTA, FL 34231-5044 US

2. Principal Place of Business - No P.O. Box #

SIGNATURE: \_

Mailing Address

3. Mailing Address

C/O ARGUS PROPERTY MANAGEMENT INC 2477 STICKNEY POINT RD - STE. 118-A SARASOTA, FL 34231-5044 US

Suite, Apt. #, etc. S			Suit	ite, Apt. #, etc.			04192008 Chg-NP CR2E037 (12/06)					
City & State Ci			City	y & State			4. FEI Number 65-0226019				·	plied For t Applicable
Zip	Country Zip			Country			5. Certificate of Status Desired				8.75 Additional	
6. Name and Address of Current Registere				Agent			7. Name and Address of New Registered Agent					
						Name -						
ARGUS PROPERTY MANAGEMENT INC 2477 STICKNEY POINT RD - STE. 118-A					Street Address (P.O. Box Number is Not Acceptable)					<del></del>		
SARASOT	-		118-A		Sireei A	officer Address (F.O. DOX Number is Not Acceptable)						
SARASO I	M, FL 342	.51		•								
					City	City Zip Code						
					City					FL	Zip Code	'
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 May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Florida Department of State					(A) 4
10.		OFFICERS A	ND DIRECTORS		11.	. ,	ADDITIONS/CHAI	NGES TO	OFFICERS	AND DIR	ECTORS IN	10
TITLE	PD			Delete	TITLE	P					☐ Change	Addition
NAME		N, CHARLES			NAME	Low	De War 4 Stone a Leutm	سما	ne			
STREET ADDRESS		NE RIVER RD			STREET ADDRESS	631	4 218 M	74.04				
CITY-ST-ZIP		TON, FL 34203			CITY-ST-ZIP	10 1	adeim	1-4	5420	> 3		
TITLE	VP			☐ Delete	FITLE						Change	Addition
NAME STREET ADDRESS	PRATT, J	AMES INE RIVER RD			NAME STREET ADDRESS							
CITY-ST-ZIP		TON, FL 34203			CITY-ST-ZIP							
TITLE	DVP	1011,112 0-200		Delete	TITLE	DUP	<i>y</i>				☐ Change	☐ Addition
NAME	JURON, V	VILLIAM		LES Delete	NAME	Bil	16); se me	an	_		Change	☐ Addition
STREET ADDRESS		NE RIVER RD.	_		STREET ADDRESS	63	47 5/ma	Kill	WRI	-		
CITY-ST-ZIP	BRADEN'	TON, FL 34203			CITY-ST-ZIP	BI	edenta	FL	5420	7		
TITLE	T			☐ Delete	TITLE		<del>-</del>				☐ Change	Addition
NAME		RUSSELL			NAME	ĺ						
STREET ADDRESS		NE RIVER RD			STREET ADDRESS							
CITY-ST-ZIP		TON, FL 34203			CITY-ST-ZIP							
TITLE	SD			Delete	TITLE	Jec	er Chu	15.6	des		Change'	Addition
NAME STREET ADDRESS	ROSS, GI	NE RIVER			NAME STREET ADDRESS	12	enk Chr. 51 Strne	Rive	, KL			
CITY-ST-ZIP	l	TON, FL 34203			CITY-ST-ZIP	(A)	2 dentem	EL.	342	2.03		
TITLE		, , , , , , , , , , , , , , , , , , , ,		☐ Delete	TITLE	7372	eden on				Change	Addition
NAME				C OSISIS	NAME						Overings	(
STREET ADDRESS					STREET ADDRESS							
CITY - ST - ZIP		•		ů.	CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entire 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 of 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.												