

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40603

FILED
Mar 24, 2009
Secretary of State

Entity Name: TWELVE OAKS I OF TARA ASSOCIATION, INC.

Current Principal Place of Business:

C/O ARGUS PROPERTY MANAGEMENT INC
2477 STICKNEY POINT RD - STE. 118-A
SARASOTA, FL 342315044 US

New Principal Place of Business:

Current Mailing Address:

C/O ARGUS PROPERTY MANAGEMENT INC
2477 STICKNEY POINT RD - STE. 118-A
SARASOTA, FL 342315044 US

New Mailing Address:

FEI Number: 65-0226019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT INC
2477 STICKNEY POINT RD - STE. 118-A
SARASOTA, FL 34231 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: DEMARIA, LOU
Address: 6314 STONE RIVER RD.
City-St-Zip: BRADENTON, FL 34203

Title: VP () Delete
Name: PRATT, JAMES
Address: 6310 STONE RIVER RD
City-St-Zip: BRADENTON, FL 34203

Title: DVP () Delete
Name: WISEMAN, BILL
Address: 6347 STONE RIVER RD.
City-St-Zip: BRADENTON, FL 34207

Title: T () Delete
Name: SPARKS, RUSSELL
Address: 6325 STONE RIVER RD
City-St-Zip: BRADENTON, FL 34203

Title: SEC () Delete
Name: CHIVISFIDER, FRAME
Address: 6351 STONE RIVER RD.
City-St-Zip: BRADENTON, FL 34203

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: T (X) Change () Addition
Name: GELINEAU, ROBERT
Address: 6322 STONE RIVER RD
City-St-Zip: BRADENTON, FL 34203

Title: SEC (X) Change () Addition
Name: PRICE, MARTIN
Address: 6324 STONE RIVER RD.
City-St-Zip: BRADENTON, FL 34203

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: LOU DEMARIA

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date