


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90082 009 ****61.25

DOCUMENT # N42875	
1. Entity Name TWELVE OAKS I CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6901 PROFESSIONAL PARKWAY E SUITE 107 SARASOTA, FL 34240-8473 US	Mailing Address 6901 PROFESSIONAL PARKWAY E SUITE 107 SARASOTA, FL 34240-8473 US
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2. Principal Place of Business - No P.O. Box # Sandcastle Community Mgmt	3. Mailing Address P.O. Box 8478
Suite, Apt. #, etc. 1719 Trade Center Way, #4	Suite, Apt. #, etc.

City & State Naples, FL	City & State Naples, FL
Zip 34109	Zip 34101-8478
Country USA	Country USA

4001003



03222007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent DE ARMAS, EDUARDO SANDCASTLE COMMUNITY MANAGEMENT INC. 1719 TRADE CENTER WAY #4 NAPLES, FL	
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLER, JACE 8200 TWELVE OAKS CIRCLE #421 NAPLES, FL 34113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZSCHERING, KURT H JR 8161 TWELVE OAKS CIR #522 NAPLES, FL 34113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEAFFER, SYDNEY 8161 TWELVE OAKS CIR #514 NAPLES, FL 34113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sydney C. Sheaffer Pres. Sydney C. Sheaffer Pres. 4/20/07 239-793-8400
Signature and typed or printed name of signing officer or director Date Daytime Phone #