2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90361 011 ****61.25

DOCUMENT # N42875

1. Entity Name
TWELVE OAKS I CONDOMINIUM ASSOCIATION, INC.



				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Principal Place of Business SANDCASTLE COMMUNITY MGMT 1719 TRADE CENTER WAY #4 NAPLES, FL 34109 US			Mailing Address P.O. BOX 8478 NAPLES, FL 34101-8478 US				4000J		8/(1) 8/14/1 8/14/1 ₈ 8/1	8 k 6 8 k 8 8 8 8	11 11: (1 12 1	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02012008 Chg-NP CR2E037 (12/06)				
City & State			City & State					4. FEI Numbe 65-0253		<u>.</u>		oplied For
Zìp	Country		Zip Co-			intry		5. Certificate of Status Desired S8.75 Additional Fee Required				ditional
	6. Name	and Address of Current	Registere	d Agent	<u></u>			7. Name and	Address of New	Registered	Agent	
DE ARMAS, EDUARDO.						Name						
SANDCASTLE COMMUNITY MANAGEMENT INC. 1719 TRADE CENTER WAY #4 NAPLES, FL						Street Address (P.O. Box Number is Not Acceptable)						
NACELO, I L							FL Zip Code					е
8. The above	named entit	y submits this statement for	or the purpo	ose of changing its	registere	L ed office o	r register	ed agent, or bot	h, in the State of F		familiar with	and accept
the obligations of registered agent. SIGNATURE Signature, lyoed 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				 Election Campaign Find Contribution 				\$5.00 May 86 Added to Fees		Make chec orida Depar		
10.	OFFICERS AND DIE			RECTORS 11.			- /	ADDITIONS/CHA	NGES TO OFFIC	ERS AND DI	RECTORS IN	1.10
TITLE	PD		☐ Delete TITI		TITLE		1				☐ Change	☐ Addition
NAME	KELLER, JACE			NAMI 24			ł					
CITY-ST-ZIP	IREET ADDRESS 8200 TWELVE OAKS CIRCLE #4			\$21 STRE								
TITLE	SD	12 07110		■ Delete	TITLE		SD				☐ Change	[Addition
NAME		ING, KURT H JR		NAN NAN				HELENA BUSSINGER			Mudition	
STREET ADDRESS				STR								
CITY-ST-ZIP	NAPLES, FL 34113			CITY			NAPLES FL 34103					
TITLE	TD			☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS		ER, SYDNEY			NAM	E Et address						
CITY-ST-ZIP		ELVE OAKS CIR #514 FL 34113			1	-ST-ZIP				<u>.</u> .		
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME				Duicie	NAMI						☐ Sittinge	- Addition
STREET ADDRESS					STRE	et address						
CITY-SI-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TOTLE						Change	☐ Addition
NAME STREET ADDRESS					NAM	ET ADORESS						
CITY-SI-ZIP					1	-ST-ZIP						
TITLE				☐ Delete	TITLE	:					☐ Change	☐ Addition
NAME					NAM	E					_ •	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						- ST-ZIP	<u> </u>					
indicated	12. Thereby 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 AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR