

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43057 (1)

1. Corporation Name

TWELVE OAKS COMMONS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**8222 TWELVE OAKS CIRCLE
POOL HOUSE CABANA
NAPLES FL 33962**

**8222 TWELVE OAKS CIRCLE
POOL HOUSE CABANA
NAPLES FL 33962**

3. Date Incorporated or Qualified
04/19/1991

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, HENRY P
6736 LONE OAK BLVD.
NAPLES FL 33942**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/96

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **SHEAFFER, SYDNEY C**
STREET ADDRESS **6161 TWELVE OAKS #514**
CITY-ST-ZIP **NAPLES FL 33962**

TITLE **DVS** ☐ DELETE
NAME **LANGAN, MICHAEL J**
STREET ADDRESS **2129 WINDWARD SHORE DR.**
CITY-ST-ZIP **VIRGINIA BEACH VA 23451**

TITLE **DVT** ☐ DELETE
NAME **MAHONEY, JAMES D**
STREET ADDRESS **14 GRANITE ST.**
CITY-ST-ZIP **WALPOLE FL 02081**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sydney C. Sheaffer, Pres. Sydney C. Sheaffer, President 4/12/96 941-793-8400

CR2E037 (12/95)