

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43057 (1)
 1. Corporation Name
TWELVE OAKS COMMONS ASSOCIATION, INC.



Principal Place of Business 8222 TWELVE OAKS CIRCLE POOL HOUSE CABANA NAPLES FL 34113 US		Mailing Address 8222 TWELVE OAKS CIRCLE POOL HOUSE CABANA NAPLES FL 34113 US		3. Date Incorporated or Qualified 04/19/1991
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 65-0278165
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent JOHNSON, HENRY P 8736 LONE OAK BLVD. NAPLES FL 33942		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEAFFER, SYDNEY C	1.2 NAME	
STREET ADDRESS	6161 TWELVE OAKS #514	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	1.4 CITY-ST-ZIP	
TITLE	DVS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGAN, MICHAEL J	2.2 NAME	DVPT
STREET ADDRESS	2129 WINDWARD SHORE DR.	2.3 STREET ADDRESS	22470 Marter Road
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	2.4 CITY-ST-ZIP	St. Clair Shores, MI 48080
TITLE	DVT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHONEY, JAMES D	3.2 NAME	DVS
STREET ADDRESS	14 GRANITE ST.	3.3 STREET ADDRESS	Fred Frinke
CITY-ST-ZIP	WALPOLE FL 02081	3.4 CITY-ST-ZIP	17693 E. Kirkwood Drive
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Sydney C. Sheaffer 4/17/98 941-793-8400**

CR2E037 (10/97)