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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N43057

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/19/1991

4. FEI Number

65-0278165

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution \$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Lawrence Perez  
82 Street Address (P.O. Box Number is Not Acceptable)  
804 Walkerbilt Rd Suite 2  
83  
84 City Naples FL 85 Zip Code 34110

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

Lawrence Perez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

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

TITLE DVPT ☐ DELETE  
NAME MARTI, PAUL  
STREET ADDRESS 22470 MARTER RD  
CITY-ST-ZIP ST CLAIR SHORES FL 48080

TITLE DVPS ☐ DELETE  
NAME FRINCKE, FRED  
STREET ADDRESS 17683 E KIRKWOOD DR  
CITY-ST-ZIP CLINTON TOWNSHIP MI 48038

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)