

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43057

1. Entity Name

TWELVE OAKS COMMONS ASSOCIATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN -3 PM 4:08

Principal Place of Business

Mailing Address

8222 TWELVE OAKS CIRCLE  
POOL HOUSE CABANA  
NAPLES FL 34113  
US

8222 TWELVE OAKS CIRCLE  
POOL HOUSE CABANA  
NAPLES FL 34113-3002  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0278165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, LAWRENCE  
804 WALKERBILT ROAD  
SUITE 2  
NAPLES FL 34110

Name

BRADLEY SMITH

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

27657 OLD 41 ROAD

City

BONITA SPRINGS

FL

Zip Code

34135

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.

SIGNATURE

*Bradley R. Smith*

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

(NOTE: Registered Agent signature required when reinstating)

11-10-00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DP  
NAME GEORGE FARNELL  
STREET ADDRESS 9228 TWAVE OAKS CIR. # 323  
CITY-ST-ZIP NAPLES, FL 34113 ☐ Change ☒ Addition

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

TITLE DT  
NAME MIKE REED  
STREET ADDRESS 109 TARD AVENUE  
CITY-ST-ZIP HADDEN HEIGHTS, NJ 08035 ☐ Change ☒ Addition

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

TITLE DS  
NAME RICK IREZARY  
STREET ADDRESS 7 YACONZA CT.  
CITY-ST-ZIP PALISADES, NY 10964 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

*Bradley R. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-992-4232  
11/15/00

Daytime Phone #

CR2E037 (9/99)