


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N47008 (0)</b> T. Corporation Name <b>TWELVE OAKS HOMEOWNERS ASSOCIATION OF PUTNAM COUNTY, INC.</b>					
Principal Place of Business RT 1 BOX 218B INTERLACHEN FL 32148			Mailing Address RT 1 BOX 218B INTERLACHEN FL 32148		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1992	
21 126 FLORIDIAN CLUB RD	26 126 FLORIDIAN CLUB RD			4. FEI Number 59-3117175	Applied For Not Applicable
Suite, Apt. #, etc. PO BOX 106	Suite, Apt. #, etc. PO BOX 106			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State WELAKA FL	City & State WELAKA			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 32193	Country PUTNAM	Zip 32193	Country PUTNAM	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BASSENT, RAY O. RT 1 BOX 218B INTERLACHEN FL 32148				10. Name and Address of New Registered Agent	
				81 Name FUGATE, HERMAN E.	
				82 Street Address (P.O. Box Number is Not Acceptable) 126 FLORIDIAN CLUB RD	
				83 PO BOX 106	
				84 City WELAKA	85 Zip Code 32193
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 <u>Herman E. Fugate</u> DATE <u>17 Jan 98</u> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUGATE, HERMAN E. 162 LAKEVIEW DRIVE CRESCENT CITY FL	<input checked="" type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAPP, FRANK 10 SAPP ROAD GRANDIN FL	<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BASSENT, RAY O. RT 1 BOX 21 8B, 340 YAWN AVENUE INTERLACHEN FL	<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD 126 FLORIDIAN CLUB RD WELAKA FL 32193-0106 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 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.					
SIGNATURE: <u>Herman E. Fugate</u> DATE <u>17 Jan 98</u>					



CR2E037 (10/97)