

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N47008

1. Entity Name
**TWELVE OAKS HOMEOWNERS ASSOCIATION OF
PUTNAM COUNTY, INC.**



Principal Place of Business
**126 FLORIDIAN CLUB RD
P O BOX 106
WELAKA, FL 32193 US**

Mailing Address
**126 FLORIDIAN CLUB RD
P O BOX 106
WELAKA, FL 32193 US**



08072006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3117175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FUGATE, HERMAN E
126 FLORIDIAN CLUB RD
P O BOX 106
WELAKA, FL 32193**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Herman E Fugate

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

NOTE: Registered Agent signature required when reinstating.

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FUGATE, HERMAN E
STREET ADDRESS	126 FLORIDIAN CLUB RD
CITY-ST-ZIP	WELAKA, FL 32193
TITLE	VD
NAME	SAPP, FRANK
STREET ADDRESS	10 SAPP ROAD
CITY-ST-ZIP	GRANDIN, FL
TITLE	STD
NAME	BESSENT, RAY O
STREET ADDRESS	RT 1 BOX 21 8B, 340 YAWN AVENUE
CITY-ST-ZIP	INTERLACHEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000573396
08/10/06-80001-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Herman E Fugate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #