


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 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
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3117175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUGATE, HERMAN E 126 FLORIDIAN CLUB RD WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAPP, FRANK 10 SAPP ROAD GRANDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BESSENT, RAY O RT 1 BOX 21 8B, 340 YAWN AVENUE INTERLACHEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/07-80030-007 61.25

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____