

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003351

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** TWELVE OAKS AIR ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8178 N WILEY POST WAY  
HERNANDO, FL 34442

**New Principal Place of Business:**

7820 N HOWARD HUGHES WAY  
HERNANDO, FL 34442

**Current Mailing Address:**

PO BOX 34  
HOLDER, FL 34445

**New Mailing Address:**

FEI Number: 59-3261835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILBERT, BENJAMIN J  
7820 N HOWARD HUGHES WAY  
HERNANDO, FL 34442 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: DARROW, ROB  
Address: 8010 N FAIRWIND LOOP  
City-St-Zip: HERNANDO, FL 34442

Title: DP ( ) Delete  
Name: MESSER, ED  
Address: 8178 N WILEY POST WAY  
City-St-Zip: HERNANDO, FL 34442

Title: DS ( ) Delete  
Name: GILBERT, BEN  
Address: 7820 N HOWARD HUGHES WAY  
City-St-Zip: HERNANDO, FL 34442

Title: DT ( ) Delete  
Name: STONE, MARIE  
Address: 7700 N. DRIGGERS POINT  
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete  
Name: KARNER, JOHN  
Address: 8047 N FAIRWIND LP  
City-St-Zip: HERNANDO, FL 34442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN GILBERT

DS

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date