2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000337

FILED Mar 06, 2007 Secretary of State

Entity Name: TWELVE OAKS III OF TARA ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 65-0560646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US

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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 HOLSTLER, DEE
 Name:
 HOLSTEIN, DEE

 Address:
 5703 COTTONWOOD ST
 Address:
 5703 COTTONWOOD ST

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:
 BRADENTON, FL 34203

Title: VP () Delete Title: VPD (X) Change () Addition

 Name:
 PENIC, SHARON
 Name:
 PIVEC, SHARON

 Address:
 6419 LIBERTY AVE
 6419 LIBERTY AVE

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:
 BRADENTON, FL 34203

Title: () Delete Title: STD () Change (X) Addition

Name: Name: GLEIS, RON

 Address:
 Address:
 5719 COTTONWOOD ST

 City-St-Zip:
 City-St-Zip:
 BRADENTON, FL 34203

I hereby certify that the information supplied with this filing does not qualify for the 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: DEE HOLSTEIN PD 03/06/2007