

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008491

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC7324732144**

**Entity Name:** TWELVE OAKS PLANTATION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504

**Current Mailing Address:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

**FEI Number: 26-2516862**

**Certificate of Status Desired: No**

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

ETHERIDGE, KEVIN R  
908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           WILLARD, CHAD  
Address        6148 OLD BAGDAD HWY.  
City-State-Zip: MILTON FL 32570

Title           VICE-PRESIDENT  
Name           PATTERSON, MIKE  
Address        6148 OLD BAGDAD HWY.  
City-State-Zip: MILTON FL 32570

Title           SECRETARY  
Name           DUBOSE, DAN  
Address        6148 OLD BAGDAD HWY.  
City-State-Zip: MILTON FL 32570

*I hereby 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 all other like empowered.*

**SIGNATURE: CHAD WILLARD**

**PRESIDENT**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date