

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 15

DOCUMENT # 718384 (1)

1. Corporation Name

TWIN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5909 STRICKLAND PLACE
PENSACOLA FL 32506

5909 STRICKLAND PLACE
PENSACOLA FL 32506

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1970

3a. Date of Last Report

02/07/1994

4. FEI Number

59-1526263

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 5914 STRICKLAND PL.

28 5914 STRICKLAND PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PENSACOLA, FL

28 PENSACOLA, FL

Zip

Country

Zip

Country

24 32506

25 ESCAMBIA

29 32506

30 ESCAMBIA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUEFF, J.L.
5414 STRICKLAND PLACE
PENSACOLA FL 32506

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WATKINS, T.V.
STREET ADDRESS 5911 STRICKLAND PLACE
CITY-ST-ZIP PENSACOLA FL

11 TITLE DP
12 NAME VONADA, G.L.
13 STREET ADDRESS 5917 STRICKLAND PL.
14 CITY-ST-ZIP PENSACOLA FL 32506
 Change Addition
EFFECTIVE 4-1-95

TITLE VD
NAME RUEFF, J.L.
STREET ADDRESS 5914 STRICKLAND PLACE
CITY-ST-ZIP PENSACOLA FL

21 TITLE VD
22 NAME WATKINS, T.V.
23 STREET ADDRESS 5911 STRICKLAND PL.
24 CITY-ST-ZIP PENSACOLA, FL 32506
 Change Addition
EFF. 4-1-95

TITLE TD
NAME HIRST, J.W.
STREET ADDRESS 5909 STRICKLAND PLACE
CITY-ST-ZIP PENSACOLA FL

31 TITLE T.D.
32 NAME RUEFF, J.L.
33 STREET ADDRESS 5914 STRICKLAND PL
34 CITY-ST-ZIP PENSACOLA FL 32506
 Change Addition
EFF 4-1-95

TITLE S
NAME WATKINS, G.V.
STREET ADDRESS 5911 STRICKLAND PLACE
CITY-ST-ZIP PENSACOLA FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J.W. Hirst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J.W. HIRST, TREAS.

2-21-95

904-456-7667