


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 718384 (1)
 1. Corporation Name
TWIN OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **5914 STRICKLAND PL PENSACOLA FL 32506 US**
 Mailing Address: **5914 STRICKLAND PL PENSACOLA FL 32506 US**

3. Date Incorporated or Qualified: **04/23/1970**
 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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
RUEFF, J.L.
5414 STRICKLAND PLACE
PENSACOLA FL 32506

10. Name and Address of New Registered Agent
 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	GOODWIN, JA	5918 STRICKLAND PL	PENSACOLA FL	<input checked="" type="checkbox"/>
VD	VONADA, G. L	5917 STRICKLAND PL	PENSACOLA FL	<input checked="" type="checkbox"/>
TD	RUEFF, J. L	5914 STRICKLAND PL	PENSACOLA FL	<input type="checkbox"/>
S	WATKINS, G.V.	5911 STRICKLAND PLACE	PENSACOLA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	JACK W. HART	5909 STRICKLAND PL	PENSACOLA FL 32506	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	JOHN A. GOODWIN	5918 STRICKLAND PL	PENSACOLA FL 32506	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SAME			<input type="checkbox"/>	<input type="checkbox"/>
S	BOBBIE VONADA	5917 STRICKLAND PL	PENSACOLA FL 32506	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ TREASURER Date: **3.2.98** Daytime Phone #: **8504566362**

CR2E037 (10/97)