

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718384

1. Entity Name

TWIN OAKS HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90047 016 ****61.25

Principal Place of Business 5914 STRICKLAND PL PENSACOLA FL 32506 US	Mailing Address 5914 STRICKLAND PL PENSACOLA FLA 32506-5284 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1526263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

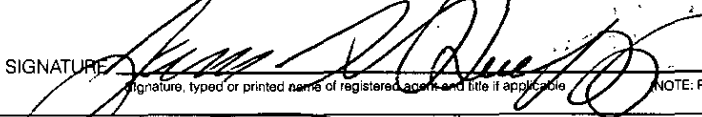
6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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:  **TREASURER** DATE: **3-22-2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	NAME HIRST, JACK W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5909 STRICKLAND PL	CITY-ST-ZIP PENSACOLA FL 32506	
TITLE VD	NAME GOODWIN, JOHN A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5918 STRICKLAND PL	CITY-ST-ZIP PENSACOLA FL 32506	
TITLE TD	NAME RUEFF, J. L	<input type="checkbox"/> Delete
STREET ADDRESS 5914 STRICKLAND PL	CITY-ST-ZIP PENSACOLA FL	
TITLE S	NAME VONADA, BOBBIE	<input type="checkbox"/> Delete
STREET ADDRESS 5917 STRICKLAND PL	CITY-ST-ZIP PENSACOLA FL 32506	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME JASPER, MARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5908 STRICKLAND PL	CITY-ST-ZIP PENSACOLA FL 32504	
TITLE VD	NAME HIRST, JACK W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5909 STRICKLAND PL	CITY-ST-ZIP PENSACOLA FL 32506	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **3-22-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)