


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718384**  
 1. Entity Name  
**TWIN OAKS HOMEOWNERS ASSOCIATION, INC.**



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



04302005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1526263** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Treasurer** **4/30/2005**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMAY, MICHEAL 59118 STRICKLAND PLACE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONG, JAMES 5912 STRICKLAND PL. PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUEFF, J. L 5914 STRICKLAND PL PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATKINS, VIRGINIA 5911 STRICKLAND PL. PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/05/05-80111-017 61.25

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 *[Signature]* **4/30/2005** **8504556352**