


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Documents delayed due
 FURNISHING INCORPORATED
 Jun 14, 2006 08:00 AM
 Secretary of State

DOCUMENT # 718384

1. Entity Name
 TWIN OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 5914 STRICKLAND PL PENSACOLA, FL 32506 US	Mailing Address 5914 STRICKLAND PL PENSACOLA FLA, 32506 US
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DO NOT WRITE IN THIS SPACE



06092006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1526263	Applied For 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

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

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

U00000567198
 06/14/06-80002-008 61.25

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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  6/1/06 8504536352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #