


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 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

DO NOT WRITE IN THIS SPACE



06082007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-1526263 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

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

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

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

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 06/12/07-80004-004 61.25

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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: JAMES L. RUEFF 6/5/07 850 465 6352
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #