

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90207 048 \*\*\*\*61.25

UBR0303

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1526263**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

SIGNATURE

*James J. Rueff*  
Signature, typed or printed name of registered agent and title, if applicable.

**TREASURER**

(NOTE: Registered Agent signature required when reinstating)

**3-31-2003**

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**  Delete  
NAME **LEMAY, MICHEAL**  
STREET ADDRESS **59118 STRICKLAND PLACE**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **VD**  Delete  
NAME **ROARK, MARY**  
STREET ADDRESS **5909 STRICKLAND PL**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **TD**  Delete  
NAME **RUEFF, J. L**  
STREET ADDRESS **5914 STRICKLAND PL**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **S**  Delete  
NAME **SWAIN, BETH**  
STREET ADDRESS **5907 STRICKLAND PL**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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:

*James J. Rueff*  
Signature, typed or printed name of signing officer or director

**3-31-2003**

**850-455-6357**

CR2E037 (10/02)