

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767948 (3)
1. Corporation Name
THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**932 SPRINGMIER PLACE
PENSACOLA FL 32514**

Mailing Address
**932 SPRINGMIER PLACE
PENSACOLA FL 32514**

3. Date Incorporated or Qualified
04/13/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1004 Fleming Drive**
Suite, Apt. #, etc.
22
City & State
23 **PENSACOLA, FL**
Zip
24 **32514** Country
25 **ESCAMBIA**

2a. Mailing Address
26 **1004 Fleming Drive**
Suite, Apt. #, etc.
27
City & State
28 **PENSACOLA, FL**
Zip
29 **32514** Country
30 **ESCAMBIA**

4. FEI Number
59-3138315

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STANDER, CHARLES R.
932 SPRINGMIER PLACE
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

81 Name **HAAG, RONALD D.**
82 Street Address (P.O. Box Number is Not Acceptable)
1004 Fleming Drive
83
84 City **PENSACOLA** FL 85 Zip Code **32514**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> DELETE |
| NAME | DEFFENBAUGH, DANNIE | |
| STREET ADDRESS | 932 SPRINGMIER PL. | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | HARPER, TERRY | |
| STREET ADDRESS | 905 FLEMING DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | DEFFENBAUGH, DANNIE | |
| STREET ADDRESS | 926 SPRINGMIER PLACE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SPANN, DAVID | |
| STREET ADDRESS | 836 FLEMING COURT | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | HAAG, RONALD | |
| 1.3 STREET ADDRESS | 1004 FLEMING DRIVE | |
| 1.4 CITY-ST-ZIP | PENSACOLA, FL | |
| 2.1 TITLE | VTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | HARPER, TERRY | |
| 2.3 STREET ADDRESS | 905 FLEMING DRIVE | |
| 2.4 CITY-ST-ZIP | PENSACOLA, FL | |
| 3.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | MAKAR, PAT | |
| 3.3 STREET ADDRESS | 975 SPRINGMIER PLACE | |
| 3.4 CITY-ST-ZIP | PENSACOLA, FL | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ronald D. Haag** **2/20/96 (904) 937-9100**

CR2E037 (12/95)