

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90283 005 ****61.25

DOCUMENT # 767948

1. Entity Name

THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

932 SPRINGMIER PLACE
 PENSACOLA FL 32514
 US

932 SPRINGMIER PLACE
 PENSACOLA FL 32514
 US

767948



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3138315

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANDER, BARBARA J
932 SPRINGMIER PLACE
PENSACOLA FL 32514

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.

SIGNATURE

Barbara J. Stander, Treasurer
 Signature, typed or printed name of registered agent and title if applicable.

BARBARA J. STANDER

1/28/2001
 DATE

(NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: LAMB, BRUCE Delete
 STREET ADDRESS: 11557 HAVENWOOD
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VD
 NAME: SHAW, FLOYD Delete
 STREET ADDRESS: 11563 HAVENWOOD
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: SD
 NAME: FUSSELL, LINDA Delete
 STREET ADDRESS: 827 FLEMING CT
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD
 NAME: STANDER, BARBARA J Delete
 STREET ADDRESS: 932 SPRINGMIER PLACE
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D
 NAME: DEFFENBAUGH, DANNY Delete
 STREET ADDRESS: 926 SPRINGMIER PLACE
 CITY-ST-ZIP: PENSALOLA FL 30514

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: SD
 NAME: JONES, CRAIG Delete
 STREET ADDRESS: 827 FLEMING CT
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Barbara J. Stander
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA J. STANDER

Date

Daytime Phone #

850-968-6424

CR2E037 (10/00)