

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90024 008 \*\*\*\*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**

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

Zip

Country

Zip

Country

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

**NANCY LEE**

Street Address (P.O. Box Number is Not Acceptable)

**821 Fleming Ct.**

City

**PENSACOLA**

FL

Zip Code

**32514**

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

**NANCY LEE, Treasurer** *Nancy Lee* **4/26/02**

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

(NOTE: Registered Agent signature required when reinstating)

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMB, BRUCE	
STREET ADDRESS	11557 HAVENWOOD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, FLOYD	
STREET ADDRESS	11563 HAVENWOOD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FUSSELL, LINDA	
STREET ADDRESS	827 FLEMING CT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STANDER, BARBARA J	
STREET ADDRESS	932 SPRINGMIER PLACE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEFFENBAUGH, DANNY	
STREET ADDRESS	926 SPRINGMIER PLACE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, CRAIG	
STREET ADDRESS	827 FLEMING CT	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY CAMPS	
STREET ADDRESS	962 Fleming Circle	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY LEE	
STREET ADDRESS	821 Fleming Ct.	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**NANCY LEE, Treasurer** *Nancy Lee* **850-968-3503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-26-02** Daytime Phone #

CR2E037 (9/01)