

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001637
1. Corporation Name

Thornwood Homeowners Association, Inc.

Principal Place of Business

Mailing Address

3298 Summit Blvd.
Suite 4
Pensacola, Fl. 32503

3. Date Incorporated or Qualified
March 21, 1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3411142

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

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

22. City & State

27. City & State

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

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.013, Florida Statutes Yes No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ray O. Etheridge
Etheridge Property Management
3298 Summit Blvd.
Suite 4
Pensacola, Fl. 32503

81. Name

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

83. City

84. City

FL

85. Zip Code

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 agree to, the provisions of Section 617.0503, Florida Statutes.

SIGNATURE

Ray O. Etheridge
Signature (Typed or printed name of signor is required, and this is applicable)

Ray O. Etheridge Property manager

3/20/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P D	<input type="checkbox"/> DELETE
NAME	ROBERTS, CHRIS	
STREET ADDRESS	9170 ARAND DRIVE	
CITY-ST-ZIP	PENSACOLA, FL. 32514	
TITLE	VP D	<input type="checkbox"/> DELETE
NAME	DARDEN, REBECCA	
STREET ADDRESS	713 THORNWOOD PLACE	
CITY-ST-ZIP	PENSACOLA, FL. 32514	
TITLE	S/T D	<input type="checkbox"/> DELETE
NAME	MALONE, ANNE	
STREET ADDRESS	711 THORNWOOD PLACE	
CITY-ST-ZIP	PENSACACOLA, FL. 32514	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCAFFERTY, CLAY	
STREET ADDRESS	800 WICKWOOD PLACE	
CITY-ST-ZIP	PENSACOLA, FL. 32514	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRICH, DAVE	
STREET ADDRESS	808 WICKWOOD PLACE	
CITY-ST-ZIP	PENSACOLA, FL. 32514	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

200002172962
-05/09/97--01067--017
***61.25

14. I, the undersigned, 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 annual report or supplementary 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 registered or trusted agent empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 as changed or on annual statement with an address.

SIGNATURE:

Chris Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 918-2121

CR2E037 (9/96)