

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001637 (5)
 1. Corporation Name
THORNWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3298 SUMMIT BLVD., STE. 4 PENSACOLA FL 32503	Mailing Address 3298 SUMMIT BLVD., STE. 4 PENSACOLA FL 32503
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3. Date Incorporated or Qualified
03/21/1996

4. FEI Number 59-3411142	Applied For Not Applicable
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2. Principal Place of Business 21 9170 ARAND DR Suite, Apt. #, etc.	2a. Mailing Address 26 9170 ARAND DR. Suite, Apt. #, etc.
22 City & State 23 PENSACOLA FL	27 City & State 28 PENSACOLA FL
24 Zip 32514 25 Country USA	29 Zip 32514 30 Country USA

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ETHERIDGE, RAY O
3298 SUMMIT BLVD., STE. 4
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name TONYA ROBERTS
82 Street Address (P.O. Box Number is Not Acceptable) 9170 ARAND DR
83
84 City PENSACOLA FL 85 Zip Code 32514

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 *Tonya Roberts* **TREASURER, TONYA ROBERTS** **4/30/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ROBERTS, CHRIS	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 9170 ARAND DRIVE			
CITY-ST-ZIP PENSACOLA FL 32514			
TITLE VPD	DARDEN, REBECCA	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 713 THORNWOOD PLACE			
CITY-ST-ZIP PENSACOLA FL 32514			
TITLE STD	MALONE, ANNE	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 711 THORNWOOD PLACE			
CITY-ST-ZIP PENSACOLA FL 32514			
TITLE D	MCCAFFERTY, CLAY	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 800 WICKWOOD PLACE			
CITY-ST-ZIP PENSACOLA FL 32514			
TITLE D	PERRICH, DAVE	<input checked="" type="checkbox"/> DELETE	
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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME SANDY SHIELDS	
1.3 STREET ADDRESS 910 ARAND DR	
1.4 CITY-ST-ZIP PENSACOLA FL 32514	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME PAM WEBB	
2.3 STREET ADDRESS 9150 ARAND DR	
2.4 CITY-ST-ZIP PENSACOLA FL 32514	
3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME PAM PERRILLI	
3.3 STREET ADDRESS 808 WICKWOOD CIR.	
3.4 CITY-ST-ZIP PENSACOLA FL 32514	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME TONYA ROBERTS	
4.3 STREET ADDRESS 9170 ARAND DR	
4.4 CITY-ST-ZIP PENSACOLA FL 32514	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME ANNE MALONE	
5.3 STREET ADDRESS 711 THORNWOOD PLACE	
5.4 CITY-ST-ZIP PENSACOLA FL 32514	
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 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 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: *Tonya Roberts* **TONYA ROBERTS** **4/30/98** **850-419-4505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074918

CFR2E037 (10/97)