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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001637

1. Corporation Name
THORNWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 9170 ARAND DR PENSACOLA FL 32514 US	Mailing Address 9170 ARAND DR PENSACOLA FL 32514 US
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2. Principal Place of Business 21 808 WICKWOOD CIR Suite, Apt. #, etc.	2a. Mailing Address 26 808 WICKWOOD CIR Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/21/1996
22 City & State 23 PENSACOLA, FL	27 City & State 28 PENSACOLA, FL	4. FEI Number 59-3111142
24 32514 25 USA	29 32514 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent ROBERTS, TONYA 9170 ARAND DR PENSACOLA FL 32514		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 (May Be Added to Fees)

10. Name and Address of New Registered Agent 81 Name DAVID PERRICH 82 Street Address (P.O. Box Number is Not Acceptable) 808 WICKWOOD CIR 83 84 City PENSACOLA FL 85 Zip Code 32514	
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11. Pursuant to the provisions of Sections 817.0501 and 817.1508, 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 817.0503, Florida Statutes.
 SIGNATURE: David Perrich, D.W. Perrich DATE: **4/22/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VPD	NAME: WEBB, PAM	11 TITLE: VPD	12 NAME: Maggie Kimball
STREET ADDRESS: 9150 ARAND DR	CITY-ST-ZIP: PENSACOLA FL 32514	13 STREET ADDRESS: 9194 Arand Drive	14 CITY-ST-ZIP: Pensacola FL 32514
TITLE: PD	NAME: SHIELDS, SANDY	21 TITLE: PRESIDENT PD	22 NAME: Marion S. Webb
STREET ADDRESS: 9110 ARAND DR	CITY-ST-ZIP: PENSACOLA FL 32514	23 STREET ADDRESS: 809 Wickwood Circle	24 CITY-ST-ZIP: Pensacola, FL 32514
TITLE: SD	NAME: PERRICH, PAM	31 TITLE: SD	32 NAME: PERRICH, DAVID
STREET ADDRESS: 808 WICKWOOD CIR	CITY-ST-ZIP: PENSACOLA FL 32514	33 STREET ADDRESS: 808 WICKWOOD CIR	34 CITY-ST-ZIP: PENSACOLA, FL 32514
TITLE: TD	NAME: ROBERTS, TONYA	41 TITLE: TD	42 NAME: SIMMONS, JOANNE
STREET ADDRESS: 9170 ARAND DR	CITY-ST-ZIP: PENSACOLA FL 32514	43 STREET ADDRESS: 807 WICKWOOD CIR	44 CITY-ST-ZIP: PENSACOLA, FL 32514
TITLE: D	NAME: MALONE, ANNE	51 TITLE: D	52 NAME: CLAY McCAFFERTY
STREET ADDRESS: 711 THORNWOOD PL	CITY-ST-ZIP: PENSACOLA FL 32514	53 STREET ADDRESS: 800 WICKWOOD CIR	54 CITY-ST-ZIP: PENSACOLA FL 32514
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	61 TITLE: <input type="checkbox"/> DELETE	62 NAME: <input type="checkbox"/> DELETE
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	63 STREET ADDRESS: <input type="checkbox"/> DELETE	64 CITY-ST-ZIP: <input type="checkbox"/> DELETE

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, with all other like empowered.

SIGNATURE: DAVID PERRICH DATE: **4-20-99** (650) 475-9997

CR2E037 (11/98)