

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90007 006 \*\*\*\*61.25

**DOCUMENT # N96000001637**

1. Entity Name

**THORNWOOD HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~808~~ WICKWOOD CIRCLE  
 PENSACOLA FL 32514  
 US

~~808~~ WICKWOOD CIRCLE  
 PENSACOLA FL 32514-7659  
 US

2. Principal Place of Business

3. Mailing Address

807 WICKWOOD CIR  
 Suite, Apt. #, etc.

807 WICKWOOD CIR  
 Suite, Apt. #, etc.

City & State

City & State

PENSACOLA, FL

PENSACOLA, FL

Zip

Country

Zip

Country

32514  
 US

32514  
 US

4. FEI Number

59-3411142

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRICH, DAVID  
 808 WICKWOOD CIRCLE  
 PENSACOLA FL 32514

Name: SIMMONS JOANNE  
 Street Address (P.O. Box Number is Not Acceptable): 807 WICKWOOD CIR  
 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

*Joanne Simmons*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-00

**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	WEBB, MARION S	
STREET ADDRESS	909 WICKWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERRICH, DAVID	
STREET ADDRESS	808 WICKWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMMONS, JOANNE	
STREET ADDRESS	807 WICKWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAFFERTY, CLAY	
STREET ADDRESS	800 WICKWOOD CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KIMBALL, MAGGIE	
STREET ADDRESS	9184 ARAND DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kerby Carr	
STREET ADDRESS	9120 Arand Dr.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SODERLIND, Marthe	
STREET ADDRESS	9150 Arand Dr.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimball, Maggie	
STREET ADDRESS	9184 Arand Dr.	
CITY-ST-ZIP	PENSACOLA, FL 32514	
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:

*Joanne Simmons*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-  
 JOANNE SIMMONS - 1-21-00 - 479-6158

CR2E037 (9/99)