

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2002 90105 006 ****61.25

DOCUMENT # N96000001637

1. Entity Name
THORNWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 807 WICKWOOD CIRCLE PENSACOLA FL 32514 US	Mailing Address 807 WICKWOOD CIRCLE PENSACOLA FL 32514 US
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004400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 704 THORNWOOD PL	3. Mailing Address 704 THORNWOOD PL
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1

City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32514	Zip 32514
Country USA	Country USA

4. FEI Number 59-3411142	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**SIMMONS, JOANN
 807 WICKWOOD CIRCLE
 PENSACOLA FL 32514**

7. Name and Address of New Registered Agent
 Name **O'Reilly, Dana**
 Street Address (P.O. Box Number is Not Acceptable)
704 THORNWOOD PL
Pensacola
 City **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 *Dana M. O'Reilly* **DANA M. O'Reilly, TREASURER 4-30-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAY, ANNIE 705 THORNWOOD PL PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOBERLAIN, MARTHA 9150 ARAND DR. PENSACOLA FL 32514 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, JOANNE 807 WICKWOOD CIRCLE PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, CHRIS 711 THORNWOOD PL PENSACOLA FL 32514 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'REILLY, ARTHUR 704 THORNWOOD PL PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANN MALONE 711 THORNWOOD PL PENSACOLA FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SODERLIND, MARTHA 9150 ARAND DR PENSACOLA FL 32514 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER O'REILLY, DANA 704 THORNWOOD PL PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dana M. O'Reilly* **DANA M. O'Reilly** **4-30-02** **(850) 474-3573**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)