


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000001637 1. Entity Name THORNWOOD HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 704 THORNWOOD PLACE PENSACOLA FL 32514 US	Mailing Address 704 THORNWOOD PLACE PENSACOLA FL 32514 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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FILED
04 DEC 23 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12022004 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3411142	<input type="checkbox"/> 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 O'REILLY, DANA 704 THORNWOOD PLACE PENSACOLA, FL 32514	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200043609602 12/23/04--01025--018 **236.25 City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Dana O'Reilly* DATE: 12/21/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD MALONE, ANN	<input checked="" type="checkbox"/> Delete	TITLE	President Harris, Hillary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	711 THORNWOOD PLACE		STREET ADDRESS	9194 Arand Dr	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	SD SOBERLAIND, MARTHA	<input checked="" type="checkbox"/> Delete	TITLE	Vice President Malone, Ann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9150 ARAND DR.		STREET ADDRESS	711 Thornwood Pl	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	SD SODERLIND, MARTHA	<input checked="" type="checkbox"/> Delete	TITLE	Secretary Perrich, Pamela	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9150 ARAND DRIVE		STREET ADDRESS	808 Wickwood Cir.	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D MALONE, CHRIS	<input checked="" type="checkbox"/> Delete	TITLE	D SHIELDS, SANDRA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	711 THORNWOOD PL		STREET ADDRESS	9110 Arand Dr.	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	TD O'REILLY, DANA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	704 THORNWOOD PLACE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<i>R 2/23</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Dana O'Reilly* DATE: 12/21/04 DAYTIME PHONE #: (850) 393-3905

SIGNATURE AND TYPED OR PRINTED NAME OF GOVERNING OFFICER OR DIRECTOR Date Daytime Phone #