



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N96000001637</b> 1. Entity Name THORNWOOD HOMEOWNERS ASSOCIATION, INC.			FILED 06 JUL -5 AM 10:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 704 THORNWOOD PLACE PENSACOLA, FL 32514 US		Mailing Address 704 THORNWOOD PLACE PENSACOLA, FL 32514 US	
2. Principal Place of Business 9130 ARAND DRIVE Suite, Apt. #, etc.	3. Mailing Address 9130 ARAND DRIVE Suite, Apt. #, etc.	 06272006 REIN-NP CR2E099 (11/05) <b>05-06</b>	
City & State PENSACOLA, FL Zip 32514 Country US	City & State PENSACOLA, FL Zip 32514 Country US	4. FEI Number 59-3411142	Applied For <input 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 WAYNE JACKSON Street Address (P.O. Box Number is Not Acceptable) 9130 ARAND DRIVE 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <u>Wayne Jackson, WAYNE JACKSON</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>6/27/2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, HILLARY 9194 ARAND DR PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	P DAVID PERLICH 808 WICKWOOD CIRCLE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALONE, ANN 711 THORNWOOD PL PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDRA SHIELDS 9110 ARAND DRIVE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, SANDRA 9110 ARAND DR PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAYNE JACKSON 9130 ARAND DRIVE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'REILLY, DANA 704 THORNWOOD PLACE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700077379877 07/12/06--01011--023 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Wayne Jackson, WAYNE JACKSON</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>6/27/2006</u> (850) 477-5374 <small>Date Daytime Phone #</small>	