


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000001637
 1. Entity Name
 THORNWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 9130 ARAND DRIVE 9130 ARAND DRIVE
 PENSACOLA, FL 32514 US PENSACOLA, FL 32514 US

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01172007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent
 JACKSON, WAYNE
 9130 ARAND DRIVE
 PENSACOLA, FL 32514

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

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRICH, DAVID 808 WICKWOOD CIRCLE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALONE, ANN 711 THORNWOOD PL PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIELDS, SANDRA 9110 ARAND DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, WAYNE 9130 ARAND DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Wayne Jackson **WAYNE JACKSON**, 1/18/2007, 850-477-5374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #