


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 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**

**DO NOT WRITE IN THIS SPACE**



02082008 No Chg-NP CR2E037 (4/06)

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

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 reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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	<b>P</b> <b>PERRICH, DAVID</b> <b>808 WICKWOOD CIRCLE</b> <b>PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MALONE, ANN</b> <b>711 THORNWOOD PL</b> <b>PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHIELDS, SANDRA</b> <b>9110 ARAND DRIVE</b> <b>PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JACKSON, WAYNE</b> <b>9130 ARAND DRIVE</b> <b>PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/20/08-80089-005 61.25

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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 E. Jackson      2/7/2008      8504775374  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**WAYNE E. JACKSON**