

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001637

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: THORNWOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9130 ARAND DRIVE  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

9130 ARAND DRIVE  
PENSACOLA, FL 32514 US

**New Mailing Address:**

FEI Number: 59-3411142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACKSON, WAYNE  
9130 ARAND DRIVE  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PERRICH, DAVID  
Address: 808 WICKWOOD CIRCLE  
City-St-Zip: PENSACOLA, FL 32514

Title: V ( ) Delete  
Name: MALONE, ANN  
Address: 711 THORNWOOD PL  
City-St-Zip: PENSACOLA, FL 32514

Title: S ( ) Delete  
Name: SHIELDS, SANDRA  
Address: 9110 ARAND DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: T ( ) Delete  
Name: JACKSON, WAYNE  
Address: 9130 ARAND DRIVE  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE E. JACKSON

T

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date