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Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 767948

1. Corporation Name
THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC.

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| Principal Place of Business 1004 FLEMING DRIVE PENSACOLA FL 32514 | Mailing Address 1004 FLEMING DRIVE PENSACOLA FL 32514 |
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| 2. Principal Place of Business 21 932 Springmier Place Suite, Apt. #, etc. | 2a. Mailing Address 26 932 Springmier Place Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 04/13/1983 |
| 22 | 27 | 4. FEI Number 59-3138315 |
| 23 City & State PENSACOLA, FL. | 28 City & State PENSACOLA FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Zip 32514 25 Country U.S.A. | 29 Zip 32514 30 Country USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent HAAG, RONALD D 1004 FLEMING DRIVE PENSACOLA FL 32514 | 10. Name and Address of New Registered Agent 81 Name BARBARA J. STANDER 82 Street Address (P.O. Box Number is Not Acceptable) 932 SPRINGMIER PLACE 83 84 City PENSACOLA FL 85 Zip Code 32514 |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Barbara J. Stander **BARBARA J. STANDER** **2-7-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|------------------------------------|---|--|
| TITLE PD | NAME HAAG, RONALD | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1004 FLEMING DRIVE | CITY-ST-ZIP PENSACOLA FL | 1.2 NAME BRUCE LAMB | 1.3 STREET ADDRESS 11557 HAVENWOOD |
| TITLE VTD | NAME HARPER, TERRY | 1.4 CITY-ST-ZIP PENSACOLA, FL. 32514 | 2.1 TITLE VD |
| STREET ADDRESS 905 FLEMING DRIVE | CITY-ST-ZIP PENSACOLA FL | 2.2 NAME FLOYD SHAW | 2.3 STREET ADDRESS 11553 HAVENWOOD |
| TITLE TD | NAME DEFFENBAUGH, DANNIE | 2.4 CITY-ST-ZIP PENSACOLA, FL 32514 | 3.1 TITLE SD |
| STREET ADDRESS 926 SPRINGMIER PLACE | CITY-ST-ZIP PENSACOLA FL | 3.2 NAME LINDA FUSSELL/CR216 JONES | 3.3 STREET ADDRESS 827 FLEMING COURT |
| TITLE SD | NAME SPANN, DAVID | 3.4 CITY-ST-ZIP PENSACOLA, FL. 32514 | 4.1 TITLE TR |
| STREET ADDRESS 836 FLEMING COURT | CITY-ST-ZIP PENSACOLA FL | 4.2 NAME BARBARA J. STANDER | 4.3 STREET ADDRESS 932 SPRINGMIER PLACE |
| TITLE SD | NAME MAKAR, PAT | 4.4 CITY-ST-ZIP PENSACOLA, FL 32514 | 5.1 TITLE D |
| STREET ADDRESS 975 SPRINGMIER DRIVE | CITY-ST-ZIP PENSACOLA FL | 5.2 NAME DANNY DEFFENBAUGH | 5.3 STREET ADDRESS 932 SPRINGMIER PLACE |
| TITLE <input type="checkbox"/> DELETE | NAME | 5.4 CITY-ST-ZIP PENSACOLA, FL. 32514 | 6.1 TITLE |
| STREET ADDRESS | STREET ADDRESS | 6.2 NAME | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara J. Stander **BARBARA J. STANDER** **2/7/99** **850-968-6424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)