

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90283 005 \*\*\*\*61.25

**DOCUMENT # 767948**

1. Entity Name

**THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

932 SPRINGMIER PLACE  
 PENSACOLA FL 32514  
 US

932 SPRINGMIER PLACE  
 PENSACOLA FL 32514  
 US

000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3138315

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANDER, BARBARA J  
 932 SPRINGMIER PLACE  
 PENSACOLA FL 32514

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

*Barbara J. Stander, Treasurer*

BARBARA J.  
 STANDER

1/28/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: LAMB, BRUCE  Delete  
 STREET ADDRESS: 11557 HAVENWOOD  
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VD  
 NAME: SHAW, FLOYD  Delete  
 STREET ADDRESS: 11563 HAVENWOOD  
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: SD  
 NAME: FUSSELL, LINDA  Delete  
 STREET ADDRESS: 827 FLEMING CT  
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: TD  
 NAME: STANDER, BARBARA J  Delete  
 STREET ADDRESS: 932 SPRINGMIER PLACE  
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: D  
 NAME: DEFFENBAUGH, DANNY  Delete  
 STREET ADDRESS: 926 SPRINGMIER PLACE  
 CITY-ST-ZIP: PENSALOLA FL 30514

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: SD  
 NAME: JONES, CRAIG  Delete  
 STREET ADDRESS: 827 FLEMING CT  
 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

*Barbara J. Stander*

BARBARA J.  
 STANDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-968-6424

CR2E037 (10/00)