

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008780

**FILED**  
**Jun 04, 2020**  
**Secretary of State**  
**3780268212CC**

**Entity Name:** THOUSAND OAKS OF SANTA ROSA COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504

**Current Mailing Address:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504

**FEI Number: 20-2728730**

**Certificate of Status Desired: No**

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

ETHERIDGE, KEVIN R  
908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

*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

**Officer/Director Detail :**

Title           PRESIDENT  
Name           HAHN, DANIEL  
Address        4742 THOUSAND OAKS BLVD.  
City-State-Zip: PACE FL 32571

Title           VICE-PRESIDENT  
Name           WHITESIDE, HARRY  
Address        5203 ENGLISH OAK DRIVE  
City-State-Zip: PACE FL 32571

Title           SECRETARY, TREASURER  
Name           COONS, RICH  
Address        5338 WILLOW OAK DRIVE  
City-State-Zip: PACE FL 32571

Title           DIRECTOR  
Name           WARGA, KENNETH  
Address        5178 ENGLISH OAK DR.  
City-State-Zip: PACE FL 32571

Title           DIRECTOR  
Name           PASKIEVICH, STEPHEN  
Address        5311 ENGLISH OAK DR.  
City-State-Zip: PACE FL 32571

*I hereby 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 all other like empowered.*

**SIGNATURE: COONS, RICH**

**SECRETARY**

**06/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date