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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718384** (1)

1. Corporation Name

TWIN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5914 STRICKLAND PL
PENSACOLA FL 32506
US**

**5914 STRICKLAND PL
PENSACOLA FL 32506
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/23/1970

4. FEI Number

59-1526263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**RUEFF, J.L.
5414 STRICKLAND PLACE
PENSACOLA FL 32506**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **GOODWIN, JA**
STREET ADDRESS **5918 STRICKLAND PL**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☒ DELETE

NAME **VONADA, G. L**
STREET ADDRESS **5917 STRICKLAND PL**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **TD** ☐ DELETE

NAME **RUEFF, J. L**
STREET ADDRESS **5914 STRICKLAND PL**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **S** ☒ DELETE

NAME **WATKINS, G.V.**
STREET ADDRESS **5911 STRICKLAND PLACE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PD**
1.3 STREET ADDRESS **JACK W. HART**
1.4 CITY-ST-ZIP **5909 STRICKLAND PL**
PENSACOLA FL 32506

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **JOHN A. GOODWIN**
2.3 STREET ADDRESS **5918 STRICKLAND PL**
2.4 CITY-ST-ZIP **PENSACOLA FL 32506**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **SAME**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **BOBBIE VONADA**
4.3 STREET ADDRESS **5917 STRICKLAND PL**
4.4 CITY-ST-ZIP **PENSACOLA FL 32506**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

3.2.98

8504566362

CR2E037 (10/97)