

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718384

1. Entity Name

TWIN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5914 STRICKLAND PL
PENSACOLA FL 32506
US

Mailing Address

5914 STRICKLAND PL
PENSACOLA FLA 32506-5284
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1526263

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

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

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

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 ☒ Delete
NAME HIRST, JACK W
STREET ADDRESS 5909 STRICKLAND PL
CITY-ST-ZIP PENSACOLA FL 32506

TITLE PD ☒ Change ☐ Addition
NAME JASPER, MARY
STREET ADDRESS 5909 STRICKLAND PL
CITY-ST-ZIP PENSACOLA FL 32506

TITLE VD ☒ Delete
NAME GOODWIN, JOHN A
STREET ADDRESS 5918 STRICKLAND PL
CITY-ST-ZIP PENSACOLA FL 32506

TITLE VD ☒ Change ☐ Addition
NAME HIRST, JACK W
STREET ADDRESS 5909 STRICKLAND PL
CITY-ST-ZIP PENSACOLA FL 32506

TITLE TD ☐ Delete
NAME RUEFF, J. L
STREET ADDRESS 5914 STRICKLAND PL
CITY-ST-ZIP PENSACOLA FL

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

TITLE S ☐ Delete
NAME VONADA, BOBBIE
STREET ADDRESS 5917 STRICKLAND PL
CITY-ST-ZIP PENSACOLA FL 32506

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)