
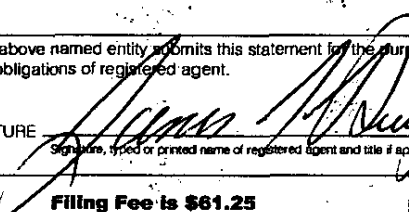
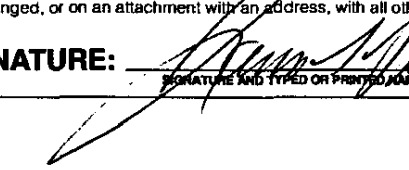


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90212 011 \*\*\*\*61.25

<b>DOCUMENT # 718384</b> 1. Entity Name <b>TWIN OAKS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5914 STRICKLAND PL PENSACOLA, FL 32506 US</b>			Mailing Address <b>5914 STRICKLAND PL PENSACOLA FLA, 32506 US</b>		
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 <b>59-1526263</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RUEFF, J.L. 5414 STRICKLAND PLACE PENSACOLA, FL 32506</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>		<b>TREASURER</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4-20-2004</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEMAY, MICHEAL</b>		NAME		
STREET ADDRESS	<b>59118 STRICKLAND PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ROARK, MARY</b>		NAME	<b>VD JAMES LONG</b>	
STREET ADDRESS	<b>5909 STRICKLAND PL</b>		STREET ADDRESS	<b>5912 STRICKLAND PL</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>		CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RUEFF, J.L.</b>		NAME		
STREET ADDRESS	<b>5914 STRICKLAND PL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SWAIN, BETH</b>		NAME	<b>S VIRGINIA WATKINS</b>	
STREET ADDRESS	<b>5907 STRICKLAND PL</b>		STREET ADDRESS	<b>5911 STRICKLAND PL</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32506</b>		CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 		<b>TREASURER</b>		<b>4-20-2004</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>Daytime Phone #</small>	