

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

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 US**



04302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

4/30/2005

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEMAY, MICHEAL
59118 STRICKLAND PLACE
PENSACOLA, FL 32506**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LONG, JAMES
5912 STRICKLAND PL.
PENSACOLA, FL 32506**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WATKINS, VIRGINIA
5911 STRICKLAND PL.
PENSACOLA, FL 32506**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000362281
05/05/05-80111-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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 recorder 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

4/30/2005

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