

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 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**



06082007 No Chg-NP CR2E037 (4/06)

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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**

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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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000766162
06/12/07-80004-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **JAMES L. RUEFF**
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

6/5/07
Date

850 465 6352
Daytime Phone #