


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 767948 | | | | | |
| 1. Corporation Name THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1004 FLEMING DRIVE PENSACOLA FL 32514 | | | Mailing Address 1004 FLEMING DRIVE PENSACOLA FL 32514 | | |



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|--|--|--|--|--|--|
| 2. Principal Place of Business 21 932 SPRINGMIER Place Suite, Apt. #, etc. | | 2a. Mailing Address 26 932 SPRINGMIER Place Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 04/13/1983 | |
| 22 | | 27 | | 4. FEI Number 59-3138315 | |
| 23 PENSACOLA, FL. City & State | | 28 PENSACOLA, FL City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 32514 Zip Country U.S.A. | | 29 32514 Zip Country USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent HAAG, RONALD D 1004 FLEMING DRIVE PENSACOLA FL 32514 | | | | 10. Name and Address of New Registered Agent 81 Name BARBARA J. STANDER 82 Street Address (P.O. Box Number is Not Acceptable) 932 SPRINGMIER PLACE 83 84 City PENSACOLA FL 85 Zip Code 32514 | |

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 Barbara J. Stander **BARBARA J. Stander** 2-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------|--|--|---|---------------------------|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAAG, RONALD | | | 1.2 NAME | BRUCE LAMB | | |
| STREET ADDRESS | 1004 FLEMING DRIVE | | | 1.3 STREET ADDRESS | 11557 HAVENWOOD | | |
| CITY-ST-ZIP | PENSACOLA FL | | | 1.4 CITY-ST-ZIP | PENSACOLA, FL. 32514 | | |
| TITLE | VTD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HARPER, TERRY | | | 2.2 NAME | FLOYD SHAW | | |
| STREET ADDRESS | 905 FLEMING DRIVE | | | 2.3 STREET ADDRESS | 11553 HAVENWOOD | | |
| CITY-ST-ZIP | PENSACOLA FL | | | 2.4 CITY-ST-ZIP | PENSACOLA, FL 32514 | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DEFFENBAUGH, DANNIE | | | 3.2 NAME | LINDA FUSSELL/CR216 JONES | | |
| STREET ADDRESS | 926 SPRINGMIER PLACE | | | 3.3 STREET ADDRESS | 827 Fleming Court | | |
| CITY-ST-ZIP | PENSACOLA FL | | | 3.4 CITY-ST-ZIP | PENSACOLA, FL. 32514 | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SPANN, DAVID | | | 4.2 NAME | BARBARA J. STANDER | | |
| STREET ADDRESS | 836 FLEMING COURT | | | 4.3 STREET ADDRESS | 932 SPRINGMIER PLACE | | |
| CITY-ST-ZIP | PENSACOLA FL | | | 4.4 CITY-ST-ZIP | PENSACOLA, FL 32514 | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MAKAR, PAT | | | 5.2 NAME | DANNY DEFFENBAUGH | | |
| STREET ADDRESS | 975 SPRING MIER DRIVE | | | 5.3 STREET ADDRESS | 932 SPRINGMIER PLACE | | |
| CITY-ST-ZIP | PENSALOLA FL | | | 5.4 CITY-ST-ZIP | PENSACOLA, FL. 32514 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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, with all other like empowered.

SIGNATURE: Barbara J. Stander **BARBARA J. STANDER** 2/7/99 850-968-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)