

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767948

FILED
Apr 29, 2004
Secretary of State

Entity Name: THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

821 FLEMING CT
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

821 FLEMING CT
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-3138315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, NANCY
821 FLEMING CT.
PENSACOLA, FL 32514

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMB, BRUCE
Address: 11557 HAVENWOOD
City-St-Zip: PENSACOLA, FL 32514

Title: VD () Delete
Name: CAMPS, JEFFREY
Address: 962 FLEMING CIR.
City-St-Zip: PENSACOLA, FL 32514

Title: SD () Delete
Name: FUSSELL, LINDA
Address: 827 FLEMING CT
City-St-Zip: PENSACOLA, FL 32514

Title: TD () Delete
Name: LEE, NANCY
Address: 821 FLEMING CT.
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: DEFFENBAUGH, DANNY
Address: 926 SPRINGMIR PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: SD () Delete
Name: JONES, CRAIG
Address: 827 FLEMING CT
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY LEE

TD

04/29/2004

Electronic Signature of Signing Officer or Director

Date