

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90098 027 ****61.25

DOCUMENT # 767948

1. Entity Name
THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**932 SPRINGMIR PLACE
PENSACOLA FL 32514
US**

Mailing Address

**932 SPRINGMIR PLACE
PENSACOLA FL 32514
US**

2. Principal Place of Business

821 FLEMING COURT
Suite, Apt. #, etc.

3. Mailing Address

821 FLEMING COURT
Suite, Apt. #, etc.

11000064



☐ CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA FLORIDA

Zip
32514

Country
ESCAMBIA

City & State
PENSACOLA FLORIDA

Zip
32514

Country
ESCAMBIA

4. FEI Number **59-3138315**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEE, NANCY
821 FLEMING CT.
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Nancy Lee **NANCY Lee, Treasurer**

4-22-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LAMB, BRUCE**
STREET ADDRESS **11557 HAVENWOOD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **VD** ☐ Delete
NAME **CAMPS, JEFFREY**
STREET ADDRESS **962 FLEMING CIR.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **SD** ☐ Delete
NAME **FUSSELL, LINDA**
STREET ADDRESS **827 FLEMING CT**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **TD** ☐ Delete
NAME **LEE, NANCY**
STREET ADDRESS **821 FLEMING CT.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Delete
NAME **DEFFENBAUGH, DANNY**
STREET ADDRESS **926 SPRINGMIR PLACE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **SD** ☐ Delete
NAME **JONES, CRAIG**
STREET ADDRESS **827 FLEMING CT**
CITY-ST-ZIP **PENSACOLA FL 32514**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Nancy Lee **RENAN Lee**

4-22-03

850-968-3503

CR2E037 (10/02)