



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-12-2005 90001 037 ****61.25

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| DOCUMENT #N03000010129 1. Entity Name THOMAS FARMS, UNIT 1 HOME OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 20915 NORTH STATE ROUTE 121 LACROSSE FL 32658 | | | | Mailing Address P.O. BOX 404 LACROSSE FL 32658 | |
| 2. Principal Place of Business 20452 NW 20 TER Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 302 Suite, Apt. #, etc. | |  1st MOORE CR2E037 (10/04) | |
| City & State BROOKER FL Zip 32622 | | City & State LACROSSE Zip 32658 | | 4. FEI Number 51-0495755 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent THOMAS, ROLAND J 20915 NORTH STATE ROUTE 121 LACROSSE FL 32658 | | | | 7. Name and Address of New Registered Agent TOMMY L. EWING 20452 NW 20 TER BROOKER, FL 32622 | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Tommy L. Ewing</u> DATE <u>8/18/05</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered agent signature required only if registering)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD THOMAS, ROLAND J 20915 N STATE RT 121 LA CROSSE FL 32658 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | STD THOMAS, ROLAND G 20915 N STATE RT. 121 LA CROSSE FL 32658 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <u>Roland J. Thomas</u> ROLAND J. THOMAS 8/18/05 (386) 462-1203 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |