

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90029 002 ****61.25

DOCUMENT # N03000010129					
1. Entity Name THOMAS FARMS, UNIT 1 HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 20452 NW 20 TERR BROOKER, FL 32622			Mailing Address P.O. BOX 302 LACROSSE, FL 32658		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0495755	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EWING, TOMMY L 20452 NW 20 TERR LN BROOKER, FL 32658				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 PD	NAME THOMAS, ROLAND J	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 20915 N STATE RT 121	LA CROSSE, FL 32658		NAME JOHN SANCHEZ	PO BOX 89 LA CROSSE, FL 32658	
CITY-ST-ZIP			TITLE STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME EWIN, TOMMY L	P.O. BOX 302 LA CROSSE, FL 32658		NAME LOREN WEBB	20645 NW 22 TER BROOKER, FL 32622	
STREET ADDRESS			TITLE VICE-PRES + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP			NAME LOREN WEBB	20645 NW 22 TER BROOKER, FL 32622	
TITLE STD	<input type="checkbox"/> Delete		TITLE VICE-PRES + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME EWIN, TOMMY L	P.O. BOX 302 LA CROSSE, FL 32658		NAME LOREN WEBB	20645 NW 22 TER BROOKER, FL 32622	
STREET ADDRESS			TITLE VICE-PRES + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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CITY-ST-ZIP			NAME LOREN WEBB	20645 NW 22 TER BROOKER, FL 32622	
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: <i>Tommy L. Ewing</i>			TOMMY L. EWING, SEC/TREA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/12/06		
			852 485-2589		