2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # N03000010129**

1. Entity Name



Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90099 008 ****61.25

FILED

THOMAS FARMS, UNIT 1 HOME OWNERS ASSOCIATION, INC.						0 2 03 2 007			
Principal Place of Business 20452 NW 20 TERR BROOKER, FL 32622 Mailing Address P.O. BOX 302 LACROSSE, FL 32658						ISB ATILL BUSH BUSH BUS	IO ar ibo suko and	<u> </u>	NOI 31 1461
Principal Place of Business - No P.O. Box # Mailing Address			ddress						
Suite, Apt. #. etc.		Suite, Apt, #, etc.		01222007	Chg-NP	CR2E03	7 (12/06)		
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			4. FEI Number 51-04957	755		No	plied For t Applicable
Zip	Country	Zip	Coun	ntry	5. Certificate of			\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and A	ddress of New F	Registered A	gent	
EWING, TO	OMMY L		L	THE THE					
20452 NW BROOKER		}	Street Address	ss (P.O. Box Number i	s Not Acceptable	e)			
			-	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 Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when renestating) DATE									
SIGNATURE .	Signature, typed or printed name of registered age	ent and tale if applicable. (NOTE	E: Registered i	Agent signature requi	ured when reinstating)		DATE		
SIGNATURE .	Signature, typed or preted name of registered age. Filling Fee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign Fin	nancing	\$5.00 May 8e Added to Fees		flake check	payable to	
SIGNATURE	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Fin	nancing	\$5.00 May 8e	Flo	flake check rida Depari	tment of St	ate
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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: