

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010129

FILED
Sep 15, 2008
Secretary of State

Entity Name: THOMAS FARMS, UNIT 1 HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

20452 NW 20 TERR
BROOKER, FL 32622

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 302
LACROSSE, FL 32658

New Mailing Address:

FEI Number: 51-0495755 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EWING, TOMMY L
20452 NW 20 TERR LN
BROOKER, FL 32658 US

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: SANCHEZ, JOHN
Address: P.O. BOX 89
City-St-Zip: LA CROSSE, FL 32658

Title: STD () Delete
Name: EWING, TOMMY L
Address: P.O. BOX 302
City-St-Zip: LA CROSSE, FL 32658

Title: VPD () Delete
Name: WEBB, LOREN
Address: 20645 NW 22 TERR
City-St-Zip: BROOKER, FL 32622

Title: D () Delete
Name: SESSIONS, PAUL C
Address: 710 QUEENS CT
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: FORBES, FRANCIS G
Address: 2401 NW 208 LANE
City-St-Zip: BROOKER, FL 32622

Title: D (X) Delete
Name: STREICHER, MARK
Address: P.O. BOX 147
City-St-Zip: LA CROSSE, FL 32658

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 exemption stated 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 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: TOMMY L EWING

SEC

09/15/2008

Electronic Signature of Signing Officer or Director

Date