

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 029 ****61.25

DOCUMENT # N04000008780

1. Entity Name
THOUSAND OAKS OF SANTA ROSA COUNTY
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
128 JOHN KING ROAD STE 18
CRESTVIEW, FL 32539

Mailing Address
128 JOHN KING ROAD STE 18
CRESTVIEW, FL 32539

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola Florida

City & State
Pensacola Florida

Zip
32504

Country
USA

Zip
32504

Country
USA

04222008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-2728730

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ETHERIDGE, KEVIN R
3298 SUMMIT BLVD STE 4
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name

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

908 Gardengatz Circle

City

Pensacola

FL

Zip Code

32504

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HOLCOMB, DAVID
128 JOHN KING ROAD STE 18
CRESTVIEW, FL 32539 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MCEACHEM, SANDY
128 JOHN KING ROAD STE 18
CRESTVIEW, FL 32539 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
PATTERSON, MIKE
128 JOHN KING RD STE 18
CRESTVIEW, FL 32539 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

David Holcomb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2008

Date

Daytime Phone #