

FILE NOW: FILING FEE IS \$61.25

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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739896** (9)
1. Corporation Name
THOUSAND OAKS OWNERSHIP ASSOCIATION, INC.



Principal Place of Business 8125 SW 103RD AVE. GAINESVILLE FL 32608	Mailing Address 8125 SW 103RD AVE. GAINESVILLE FL 32608
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3. Date Incorporated or Qualified 08/12/1977	
4. FEI Number 59-2958176	Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a home owners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**HARRIS, RAYMOND D
8125 S.W. 103RD AVE.
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Raymond D. Harris* **RAYMOND D. HARRIS** TREASURER, CURRENT REG. AGENT 4/28/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P ☒ DELETE
NAME	WILLIS, STEVE
STREET ADDRESS	8318 SW 103 AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	V ☒ DELETE
NAME	SHAMIS, DIANA
STREET ADDRESS	8224 SW 103 AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	ST ☐ DELETE
NAME	HARRIS, RAY
STREET ADDRESS	8125 SW 103 AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D ☒ DELETE
NAME	ELLIOTT, JACKIE
STREET ADDRESS	8500 SW 103 AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D ☒ DELETE
NAME	HARBIN, JOANNE
STREET ADDRESS	8125 S 103 AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D ☒ DELETE
NAME	STEHLE, FRANK
STREET ADDRESS	7711 SW 103 AVE.
CITY-ST-ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D ☒ Change ☐ Addition
1.2 NAME	SHAMIS, DIANA
1.3 STREET ADDRESS	8224 S.W. 103 AVE
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
2.1 TITLE	D ☐ Change ☒ Addition
2.2 NAME	RAMPHEL, REUBEN
2.3 STREET ADDRESS	8404 S.W. 103 AVE
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
3.1 TITLE	D ☐ Change ☒ Addition
3.2 NAME	ALLEN, JANET
3.3 STREET ADDRESS	8723 SW 103 AVE
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond D. Harris* **RAYMOND D. HARRIS** TREASURER 4/28/98
600002564986
-06/18/98-01017-027
***61.25
PE
6.18
(352) 445-9477

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