

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 739896 1. Entity 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		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2958176	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARRIS, RAYMOND D 8125 S.W. 103RD AVE. GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAMIS, DIANA 8224 SW 103RD AVE. GAINESVILLE, FL 32608	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMPHEL, REUBEN 8904 SW 103 AVE. GAINESVILLE, FL 32608	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARRIS, RAY 8125 SW 103 AVE. GAINESVILLE, FL	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, JANET 8723 SW 103 AVE. GAINESVILLE, FL 32608	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Raymond D. Harris* **RAYMOND D. HARRIS** 3/3/05 (352) 495-9477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR