

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2009
Secretary of State**

DOCUMENT# 739896

Entity Name: THOUSAND OAKS OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

7811 SW 103RD AVE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

7811 SW 103RD AVE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-2958176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGMAN, ROBERT
7811 SW 103RD AVE.
GAINESVILLE, FL 32608 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: P () Delete
Name: ELLIOTT, BILL
Address: 8500 SW 103RD AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Delete
Name: HARVEY, JOHN
Address: 8631 SW 103RD AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: BERGMAN, ROBERT
Address: 7811 SW 103RD AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: HARVEY, JOHN
Address: 8631 SW 103RD AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: ALLRED, LAURA
Address: 8810 SW 103RD AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Delete
Name: SHAMIS, JEFF
Address: 8224 SW 103RD AVE
City-St-Zip: GAINESVILLE, FL 32608

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: S (X) Change () Addition
Name: ALLRED, LAURA
Address: 8810 SW 103RD AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Change () Addition
Name: SHAMIS, JEFF
Address: 8224 SW 103RD AVE
City-St-Zip: GAINESVILLE, FL 32608

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: ROBERT BERGMAN

T

04/02/2009

Electronic Signature of Signing Officer or Director

Date