2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90106 023 ****61.25

DOCUMENT # N00000006139

1. Entity Name
THOUSAND OAKS MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~8105 S.R. 54~~ ~~NEW PORT RICHEY, FL~~ 34655	~~8105 S.R. 54~~ ~~NEW PORT RICHEY, FL 34655~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Goldstar Mgmt Co	c/o Goldstar Mgmt Co
Suite, Apt. #, etc. 2435 US 19 #270	Suite, Apt. #, etc. 2435 US 19 #270
City & State Holiday FL	City & State Holiday FL
Zip / Country 34691 USA	Zip / Country 34691 USA

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3697374
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BUCK, PATRICIA O~~ ~~8105 S.R. 54~~ NEW ~~PORT RICHEY, FL~~ 34655	Name: Jeffrey Ulm Street Address (P.O. Box Number is Not Acceptable): c/o Goldstar Mgmt Co. 2435 US 19 #270 City: Holiday FL Zip Code: 34691

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: _____ Jeffrey Ulm 1/17/07
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, 2007

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	DP PATRICIA, BUCK O 8105 S.R. 54 NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ORSI, JULIE 8105 S.R. 54 NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ORSI, DEBBIE 8105 STATE ROAD 54 NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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: _____ Julie Orsi 1/17/2007 7879421946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #