

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 15, 2004
Secretary of State

DOCUMENT# N00000006140

Entity Name: THOUSAND OAKS PHASES 2-5 HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8852 LINEBROOK DR
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

8700 TORCHWOOD DR.
NEW PORT RICHEY, FL 34655

Current Mailing Address:

8852 LINEBROOK DR
NEW PORT RICHEY, FL 34655

New Mailing Address:

1324 SEVEN SPRINGS BLVD.
#146
NEW PORT RICHEY, FL 34655

FEI Number: 59-3697375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ERICKSON, DOUG
8700 TORCHWOOD DR
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

ERICKSON, DOUGLAS C
8700 TORCHWOOD DR
NEW PORT RICHEY, FL 34655 US

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: DOUGLAS ERICKSON

12/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERICKSON, DOUG
Address: 8700 TORCHWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete
Name: LOPEZ, JULIE
Address: 8852 LINEBROOK DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T () Delete
Name: RUF, MARTY
Address: 8737 TORCHWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: PALENA, MIKE
Address: 8436 MAPLE POND CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: KRUGER, SEAN
Address: 8436 LINEBROOK DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: BALSANEK, KAREN
Address: 8811 LINEBROOK DR
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KRUGER, SEAN
Address: 8436 LINEBROOK DR
City-St-Zip: NEW PORT RICHEY, FL 34655

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS ERICKSON

P

12/15/2004

Electronic Signature of Signing Officer or Director

Date