2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006140

FILED May 10, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1324 SEVEN SPRINGS BLVD #146 NEW PORT RICHEY, FL 34655 Current Mailing Address: New Mailing Mailing Mailing Mailing New				
MEW PORT RICHEY, FL 34655 Current Mailing Address: Alazya SevEn Springs BLVD #146 NEW PORT RICHEY, FL 34655 US FEI Number: 59-36937375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status D in accordance with s. 607.1932(b), F. St. the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Age RUF, MARTIN V 8737 TORCHWOOD DR TRINITY, FL 34655 US The above named entity submits this statement for the purpose of changing its registered office or registered age in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND Title: Name: RUF, MARTIN V Address: 8731 TORCHWOOD DR City-St-Zip: TRINITY, FL 34655 Title: S () Delete Name: MURDOCH, CHRISTY Address: 8623 TORCHWOOD DR City-St-Zip: TRINITY, FL 34655 Title: D () Delete Name: BALSANEK, KAREN Name: Address: City-St-Zip: TRINITY, FL 34655	Current P	Principal Place of Business:	New Principal	Place of Business:
New Port Richey, FL 34655 Current Mailing Address: 1324 SEVEN SPRINGS BLVD #146 New Port Richey, FL 34655 US FEI Number: 59-3697375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Dr. 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: RIF, MARTIN V 8737 TORCHWOOD DR TRINITY, FL 34655 US The above named entity submits this statement for the purpose of changing its registered office or registered age in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Name: RUF, MARTIN V Address: 8737 TORCH-WOOD DR Address: 8737 TORCH-WOOD DR Address: 8623 TORCH-WOOD DR Address: 8623 TORCH-WOOD DR Address: City-St-Zip: TRINITY, FL 34655 Title: S () Delete Name: MURDOCH, CHRISTY Address: 8623 TORCH-WOOD DR City-St-Zip: TRINITY, FL 34655 Title: D () Delete Title: () Change () Addition Name: Address: RABLSANEK, KAREN Address: Address: City-St-Zip: TRINITY, FL 34655 Title: VP () Delete Title: () Change () Addition Name: Address: Address: Address: City-St-Zip: TRINITY, FL 34655 Title: VP () Delete Title: () Change () Addition Name: Address: Address: Address: City-St-Zip: TRINITY, FL 34655 Title: VP () Delete Title: () Change () Addition Name: Address: Addre		EN SPRINGS BLVD		
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RUF, MARTIN V 8737 TORCHWOOD DR TRINITY, FL 34655 US The above named entity submits this statement for the purpose of changing its registered office or registered ag in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent				() Certificate of Status Desired ()
TRINITY, FL 34655 US The above named entity submits this statement for the purpose of changing its registered office or registered ag in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and	d Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:
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Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND Title: P () Delete Name: RUF, MARTIN V Address: 8737 TORCHWOOD DR City-St-Zip: TRINITY, FL 34655 Title: S () Delete Name: MURDOCH, CHRISTY Address: 8623 TORCHWOOD DR City-St-Zip: TRINITY, FL 34655 City-St-Zip: TRINITY, FL 34655 City-St-Zip: TRINITY, FL 34655 Title: D () Delete Name: Address: City-St-Zip: Title: D () Delete Name: BALSANEK, KAREN Name: BALSANEK, KAREN Address: 8811 LINEBROOK DR City-St-Zip: TRINITY, FL 34655 Title: VP () Delete Name: PALENA, MIKE Name: PALENA, MIKE Address: 8436 MAPLE POND CT Address: 8436 MAPLE POND CT Address: Address: Address:	SIGNIATLI	DE-		
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	Name: Address:	PALENA, MIKE 8436 MAPLE POND CT	Name: Address:	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTIN V RUF P 05/10/2006