

**2007 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

2007 AUG 29 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000006140			
1. Entity Name THOUSAND OAKS PHASES 2-5 HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 5901 US 19 N STE 7Q NEW PORT RICHEY, FL 34652		Mailing Address 5901 US 19 N STE 7Q NEW PORT RICHEY, FL 34652 US	
2. Principal Place of Business - No P.O. Box 8249 Kristel Cir. Suite, Apt. #, etc. OREto Ind. PK		3. Mailing Address 8249 Kristel Cir Suite, Apt. #, etc. OREto Ind. PK	
City & State Port Richey FL		City & State Port Richey	
Zip 34668		Country USA	
4. FEI Number 59-3697375		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT 5901 US 19 N STE 7Q NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Tampa Bay Property mgmt Street Address (P.O. Box Number is Not Acceptable) 8249 Kristel Circle Att: Jamie K. Mick City Port Richey FL Zip Code 34668	
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 <u>Jamie K. Mick</u> 400109121984 09/06/07--01028-87107 DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> Delete	
NAME	KUPSTAS, DAVID		
STREET ADDRESS	5901 US 19 N, STE 7Q		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		
TITLE	SD	<input checked="" type="checkbox"/> Delete	
NAME	LUTZ, SHARON		
STREET ADDRESS	5901 US 19 N, STE 7Q		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	MICKUNAS, VIC		
STREET ADDRESS	5901 US 19 N, STE 7Q		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		
TITLE	VP	<input checked="" type="checkbox"/> Delete	
NAME	DONALDSON, STEPHEN		
STREET ADDRESS	5901 US 19 N, STE 7Q		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		
TITLE	ARC	<input checked="" type="checkbox"/> Delete	
NAME	FENNELLY, JEFF		
STREET ADDRESS	5901 US 19 N, STE 7Q		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		
TITLE	Director	<input type="checkbox"/> Delete	
NAME	Bill McCann		
STREET ADDRESS	8249 Kristel Circle		
CITY-ST-ZIP	Port Richey, FL 34668		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Bob Dodds		
STREET ADDRESS	8249 Kristel Circle		
CITY-ST-ZIP	Port Richey, FL 34668		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Bill McCarty		
STREET ADDRESS	8249 Kristel Circle		
CITY-ST-ZIP	Port Richey, FL 34668		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Bob Boyle		
STREET ADDRESS	8249 Kristel Circle		
CITY-ST-ZIP	Port Richey, FL 34668		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Charles Nichols		
STREET ADDRESS	8249 Kristel Circle		
CITY-ST-ZIP	Port Richey, FL 34668		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Barry Cusano		
STREET ADDRESS	8249 Kristel Circle		
CITY-ST-ZIP	Port Richey, FL 34668		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Bob Sutton		
STREET ADDRESS	8249 Kristel Circle		
CITY-ST-ZIP	Port Richey, FL 34668		
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: <u>Bob Dodds</u>		Date: 8-10-07 Daytime Phone #: 727-376-9284	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			