

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006140

FILED
Mar 24, 2008
Secretary of State

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

Current Principal Place of Business:

8249 KRISTEL CIR
ORETO IND. PK
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

8249 KRISTEL CIR
ORETO IND. PK
PORT RICHEY, FL 34668

New Mailing Address:

5901 US HWY 19
SUITE 7 Q
NEW PORT RICHEY, FL 34652

FEI Number: 59-3697375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAMPA BAY PROPERTY MNGT
ATTN: JAMIE K MICK
8249 KRISTEL CIRCLE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT
5901 US HWY 19
SUITE 7 Q
NEW PORT RICHEY, FL 34652 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: MARY WHITE

03/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DODDS, BOB
Address: 8249 KRISTEL CIRCLE
City-St-Zip: PORT RICHEY, FL 34668

Title: VP () Delete
Name: MCCARTY, BILL
Address: 8249 KRISTEL CIRCLE
City-St-Zip: PORT RICHEY, FL 34668

Title: S () Delete
Name: BOYLE, BOB
Address: 8249 KRISTEL CIRCLE
City-St-Zip: PORT RICHEY, FL 34668

Title: T () Delete
Name: NICHOLS, CHARLES
Address: 8249 KRISTEL CIRCLE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: CUSANO, BARRY
Address: 8249 KRISTEL CIRCLE
City-St-Zip: PORT RICHEY, FL 34668

Title: D (X) Delete
Name: SUTTON, BOB
Address: 8249 KRISTEL CIRCLE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KUPSTAS, DAVID
Address: 5901 US HWY 19 STE 7 Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP (X) Change () Addition
Name: DONALDSON, STEPHEN
Address: 5901 US HWY 19 SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T (X) Change () Addition
Name: LEIGH, SHARON
Address: 5901 US HWY 19 SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S (X) Change () Addition
Name: LUTZ, MESHECA
Address: 5901 US HWY 19 STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: MICKUNAS, VIC
Address: 5901 US HWY 19 STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARY WHITE

CEO

03/24/2008

Electronic Signature of Signing Officer or Director

Date