2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
04-21-2008 90108 014 ****61.25

DOCUMENT # N00000006140

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

FILED
Aug 04, 2008 8:00 A.M.
Secretary of State

Principal Place of Business	Mailing Address
8249 KRISTEL CIR ~~ORETO IND. PK~~ PORT RICHEY, FL 34668	8249 KRISTEL CIR ~~ORETO IND. PK~~ PORT RICHEY, FL 34668

02212008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3697375 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DODDS, BOB
STREET ADDRESS	8249 KRISTEL CIRCLE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	VP
NAME	~~MCGARTY, BILL~~ BOB SUTTON
STREET ADDRESS	~~8249 KRISTEL CIRCLE~~ 8249 Kristel Cir.
CITY-ST-ZIP	~~PORT RICHEY, FL~~ 34668 Port Richey, FL 34668
TITLE	S/T
NAME	BOYLE, BOB
STREET ADDRESS	8249 KRISTEL CIRCLE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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8/4/08

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: Bob Dodds — 727-376-9204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #