

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N02000000595

Entity Name: THOUSAND OAKS PHASES 6-9 HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8105 STATE ROAD 54
NEW PORT RICHE, FL 34655

New Principal Place of Business:

3152 LITTLE ROAD #314
TRINITY, FL 34655

Current Mailing Address:

8105 STATE ROAD 54
NEW PORT RICHE, FL 34655

New Mailing Address:

3152 LITTLE ROAD #314
TRINITY, FL 34655

FEI Number: 03-0386630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUCK, PATRICIA O
8105 SR 54
NEW PORT RICHEY, FL 34655

Name and Address of New Registered Agent:

PRATT, STEVE
3152 LITTLE RD #314
TRINITY, FL 34655

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: STEVE PRATT 04/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUCK, PATRICIA O
Address: 8105 SR 54
City-St-Zip: NEW PORT RICHE, FL 34655

Title: SD () Delete
Name: ORSI, JULIE
Address: 8105 SR 54
City-St-Zip: NEW PORT RICHE, FL 34655

Title: VTD () Delete
Name: ORSI, DEBORAH
Address: 8105 SR 54
City-St-Zip: NEW PORT RICHE, FL 34655

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PRATT, STEVE
Address: 3152 LITTLE ROAD #314
City-St-Zip: TRINITY, FL 34655

Title: SEC (X) Change () Addition
Name: PENDLETON, LORI
Address: 3152 LITTLE RD #314
City-St-Zip: TRINITY, FL 34655

Title: VP (X) Change () Addition
Name: CANDELA, ANN MARIE
Address: 3152 LITTLE RD #314
City-St-Zip: TRINITY, FL 34655

Title: TRES () Change (X) Addition
Name: RODRIGUEZ, KEVIN
Address: 3152 LITTLE RD #314
City-St-Zip: TRINITY, FL 34655

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: LORI PENDLETON SEC 04/30/2004
Electronic Signature of Signing Officer or Director Date