

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000595

**FILED**  
**Mar 19, 2007**  
**Secretary of State**

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

**Current Principal Place of Business:**

3152 LITTLE ROAD #314  
TRINITY, FL 34655

**New Principal Place of Business:**

8249 KRISTEL CIRCLE  
PORT RICHEY, FL 34668

**Current Mailing Address:**

3152 LITTLE ROAD #314  
TRINITY, FL 34655

**New Mailing Address:**

8249 KRISTEL CIRCLE  
PORT RICHEY, FL 34668

FEI Number: 03-0386630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PRATT, STEVE  
8249 KRISTEL CIRCLE  
PORT RICHEY, FL 34668 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/19/2007

Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: PRATT, STEVE  
Address: 3152 LITTLE ROAD #314  
City-St-Zip: TRINITY, FL 34655

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: PRATT, STEVE  
Address: 8249 KRISTEL CIRCLE  
City-St-Zip: PORT RICHEY, FL 34668

Title: TRES (X) Change ( ) Addition  
Name: RODRIGUEZ, KEVIN  
Address: 8249 KRISTEL CIRCLE  
City-St-Zip: PORT RICHEY, FL 34668

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: KEVIN RODRIGUEZ

Electronic Signature of Signing Officer or Director

TRES

03/19/2007

Date