


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

04-19-2006 90098 042 ****61.25

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1. Entity Name
THOUSAND OAKS AT CONGRESS MASTER ASSOCIATION, INC.



Principal Place of Business
1192 E NEWPORT CENTER DR STE 150 DEERFIELD BEACH, FL 33442

Mailing Address
C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355

66016870



2. Principal Place of Business
4002 Canopy Lane
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04092006 Chg-NP CR2E037 (11/05)

City & State
Riviera Beach FL

City & State
 City & State

Zip Country
USA

Zip Country

4. FEI Number
APPLIED FOR 34-1997164

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RODRIGUEZ, JUAN E
 80 SW 8 STREET #2550
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent
 Name **Dicker, Krivok & Stoloff, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
1818 Australian Ave SOUTH
Suite 400
 City **West Palm Beach FL** Zip Code **33409**

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 **Edward Dicker** **Ed Dicker** DATE **4/10/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is \$61.25
 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUMPHRIES, MICHAEL	
STREET ADDRESS	1192 E NEWPORT CENTER DR STE 150	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROCA, RAFAEL	
STREET ADDRESS	1192 E NEWPORT CENTER DR STE 150	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARPSTEEN, CANDANCE	
STREET ADDRESS	1192 E NEWPORT CENTER DR STE 150	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALBERTSON, KARL	
STREET ADDRESS	1192 E. NEWPORT CENTER DRIVE, SUITE 150	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ALICE	
STREET ADDRESS	1192 E. NEWPORT CENTER DRIVE, SUITE 150	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, JEFFREY	
STREET ADDRESS	1108 CENTER STONE LANE	
CITY-ST-ZIP	RIVIERA BEACH, FL	
TITLE	VICE PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNAH, JAMES	
STREET ADDRESS	2160 OAKMONT DRIVE	
CITY-ST-ZIP	RIVIERA BEACH, FL	
TITLE	SECRETARY-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, KIMBERLY	
STREET ADDRESS	1270 ROSEGATE BLVD.	
CITY-ST-ZIP	RIVIERA BEACH, FL	
TITLE	TREASURER-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUTCHFIELD, GLORIA	
STREET ADDRESS	1301 ALICANTE COURT	
CITY-ST-ZIP	RIVIERA BEACH, FL	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, MALACHI	
STREET ADDRESS	1032 CENTER SIDE LANE	
CITY-ST-ZIP	RIVIERA BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Dorothy Jek** DATE: **4/10/06** DAYTIME PHONE #: **561-276-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR