

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90214 015 ****61.25

DOCUMENT # N04000008101 1. Entity Name THOUSAND OAK EAST - PHASE IV HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O GOLDSTAR MGMT CO. 2435 UNITED STATES HIGHWAY 19 SUITE 270 HOLIDAY, FL 34691 US			Mailing Address C/O GOLDSTAR MGMT CO. 2435 UNITED STATES HIGHWAY 19 SUITE 270 HOLIDAY, FL 34691 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1422663	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ULN, JEFFREY C/O GOLDSTAR MANAGEMENT CO. 2435 UNITED STATES HIGHWAY 19 SUITE 270 HOLIDAY, FL 34691				Name ULM, Jeffrey Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, BRIAN		NAME	Green, Jared	
STREET ADDRESS	600 NORTH WESTHORE BOULEVARD SUITE 600		STREET ADDRESS	1427 Impatiens Court	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETT, STEVEN		NAME	Ratliff, Diana	
STREET ADDRESS	600 NORTH WESTHORE BOULEVARD SUITE 600		STREET ADDRESS	1430 Kaffier Lily Ct	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	NPR FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLURKOWSKI, KEVIN		NAME	Monforti, Steve	
STREET ADDRESS	600 NORTH WESTHORE BOULEVARD SUITE 600		STREET ADDRESS	1404 Impatiens Ct	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	NPR FL 34655	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Walguarnery, Stephanie	
STREET ADDRESS			STREET ADDRESS	1423 Kaffier Lily Ct	
CITY-ST-ZIP			CITY-ST-ZIP	NPR FL 34655	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wright, Meredith	
STREET ADDRESS			STREET ADDRESS	1418 Galberly Ct	
CITY-ST-ZIP			CITY-ST-ZIP	NPR FL 34655	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			President 4/11/07 727-372-0440 Date Daytime Phone #		