


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90093 009 \*\*\*\*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# 2435 US Hwy 19		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1422663	
				Applied For Not Applicable	
				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		
ULM, JEFFREY C/O GOLDSTAR MANAGEMENT CO. 2435 UNITED STATES HIGHWAY 19 SUITE 270 HOLIDAY, FL 34691			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			2435 US Hwy 19 # 270		
			City		FL
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, 2008		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	GREEN, JARED		NAME	Tim Green	
STREET ADDRESS	1427 IMPATIENS COURT		STREET ADDRESS	1344 Gallberry Ct	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATLIFF, DIANA		NAME	Kaffir	
STREET ADDRESS	1430 KAFFIER LILY CT		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONFORTI, STEVE		NAME		
STREET ADDRESS	1404 IMPATIENS CT		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALQUARNERY, STEPHANIE		NAME	Kaffir	
STREET ADDRESS	1423 KAFFIER LILY CT		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MEREDITH		NAME		
STREET ADDRESS	1418 GALLBERY CT		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
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: <u>Tim Green</u> PRESIDENT		Date: <u>4-22-08</u>		Daytime Phone #: <u>727-376-0859</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					