

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90013 013 ****61.25

DOCUMENT # N06166

1. Entity Name

VILLAGES OF THOUSAND OAKS HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

5505 80TH AVE. E.
 PALMETTO FL 34221

5505 80TH AVE. E.
 PALMETTO FL 34221-8845



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5508 80th Ave E
 Suite, Apt. #, etc.

3. Mailing Address

5508 80th Ave E
 Suite, Apt. #, etc.

City & State

Palmetto FL
 Zip 34221 Country USA

City & State

Palmetto FL
 Zip 34221 Country USA

4. FEI Number

59-2547784

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNUFFIN, CYNTHIA A
 5602 80TH AVE E
 PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name - Robert B Cascio
 Street Address (P.O. Box Number is Not Acceptable) 5508 80th Ave E
 City Palmetto FL Zip Code 34221

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.

SIGNATURE

Robert B Cascio

01/20/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, DOROTHY	
STREET ADDRESS	7809 55TH ST E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SARVER, I.E.	
STREET ADDRESS	5505 80TH AVE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABE, DOUGLAS	
STREET ADDRESS	5507 80TH AVE E	
CITY-ST-ZIP	PALMETTO FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SNUFFIN, CYNTHIA A.	
STREET ADDRESS	5602 80TH AVE. E.	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert B. Cascio	
STREET ADDRESS	5508 80th Ave E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN CABE	
STREET ADDRESS	5507 80th Ave E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE E CASCIO	
STREET ADDRESS	5508 80th Ave E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 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:

Robert B Cascio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2000

Date

941-723-1009

Daytime Phone #

CR2E037 (9/99)