

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90067 026 ****61.25

DOCUMENT # N06166

1. Entity Name

VILLAGES OF THOUSAND OAKS HOMEOWNERS ASSOCIATION

Principal Place of Business

5508 80TH AVE E
 PALMETTO FL 34221

Mailing Address

5508 80TH AVE E
 PALMETTO FL 34221

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

CASCIO, ROBERT B
5508 80TH AVE E
PALMETTO FL 34221

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **MITCHELL, DOROTHY**
 STREET ADDRESS **7809 55TH ST E**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** Change Addition
 NAME **Sharon Willis**
 STREET ADDRESS **5502 79th Ave E**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **PD** Delete
 NAME **CASCIO, ROBERT B**
 STREET ADDRESS **5508 80TH AVE E**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** Change Addition
 NAME **DALE MAXWELL**
 STREET ADDRESS **5501 80th Ave E**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** Delete
 NAME **CABE, DOUGLAS**
 STREET ADDRESS **5507 80TH AVE E**
 CITY-ST-ZIP **PALMETTO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CABE, KAREN**
 STREET ADDRESS **5507 80TH AVE E**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **CASCIO, JANICE**
 STREET ADDRESS **5508 80TH AVE E**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE E CASCIO

4/9/01

941-723-1009

Date

Daytime Phone #

CR2E037 (10/00)