


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90048 031 \*\*\*\*61.25

<b>DOCUMENT # N06166</b>					
1. Entity Name VILLAGES OF THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5507 80TH AVE E PALMETTO, FL 34221			Mailing Address 501 BAYVIEW DRIVE HOLMES BEACH, FL 34217		
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 59-2547784	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent RESAM CORPORATION 501 BAYVIEW DR HOLMES BEACH, FL 34217				7. Name and Address of New Registered Agent	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____		Signature, typed or printed name of registered agent and title if applicable.		DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARSENAULT, HENRY 5607 79TH AVE EAST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITAKER, APRIL 5506 79TH AVENUE EAST PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLIS GOING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7809 54TH AVE E PALMETTO FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, CABE 5507 80TH AVE E PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST BOYCE ARSENAULT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5602 79TH AVE E PALMETTO FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, DAVE 7809 80TH AVE EAST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOTH, DOUG 5509 78TH AVE E PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVEN ROUCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5617 78TH AVE E PALMETTO FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Denny Arsenault</u>		Date: 4-11-07		Daytime Phone #: 941-730-2192	