FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:11

DOCUMENT # N07244 (9)

1. Corporation Name
VILLAGES OF THOUSAND OAKS MASTER ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
9000 THOUSAND OAKS BLVD PALMETTO FL 34221	9000 THOUSAND OAKS BLVD PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1985
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2520699 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GLAZA, THOMAS G.
6307 82ND AVE., EAST
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	☑ Change ☐ Addition
NAME	~~O'NEIL, ROBERT~~	1.2 NAME	Gary Levesque President/Director
STREET ADDRESS	~~5401 - 80TH AVE. CIR., E.~~	1.3 STREET ADDRESS	5425 80th Ave. Circle East
CITY-ST-ZIP	~~PALMETTO FL~~	1.4 CITY-ST-ZIP	Palmetto, Fl. 34221
TITLE	~~VPD~~	2.1 TITLE	☐ Change ☑ Addition
NAME	~~DUMMER, JOAN~~	2.2 NAME	Tracy Whitlock 1st V.P./Director
STREET ADDRESS	~~6010 - 55TH CT. E.~~	2.3 STREET ADDRESS	5469 81st Ave. Circle E.
CITY-ST-ZIP	~~PALMETTO FL~~	2.4 CITY-ST-ZIP	Palmetto, Fl. 34221
TITLE	~~VPD~~	3.1 TITLE	☐ Change ☑ Addition
NAME	~~LEVESQUE, GARY~~	3.2 NAME	Jack Lyon 2nd V.P./Director
STREET ADDRESS	~~5425 - 80TH AVE. CIR., E~~	3.3 STREET ADDRESS	5624 82nd Ave. E.
CITY-ST-ZIP	~~PALMETTO FL~~	3.4 CITY-ST-ZIP	Palmetto, Fl. 34221
TITLE	~~VPD~~	4.1 TITLE	☐ Change ☑ Addition
NAME	~~STOUFFER, BARRY~~	4.2 NAME	Sallie Farinholt 3rd V.P./Director
STREET ADDRESS	~~5112 - 81ST AVE. CIR. E~~	4.3 STREET ADDRESS	5620 82nd Ave. E.
CITY-ST-ZIP	~~PALMETTO FL~~	4.4 CITY-ST-ZIP	Palmetto, Fl. 34221
TITLE	~~STD~~	5.1 TITLE	☐ Change ☐ Addition
NAME	~~HAYES, MILDRED J~~	5.2 NAME	Mildred Jean Hayes Sec./Treas. - Director
STREET ADDRESS	~~5628 - 82ND AVE., E.~~	5.3 STREET ADDRESS	5628 82nd Ave. E.
CITY-ST-ZIP	~~PALMETTO FL~~	5.4 CITY-ST-ZIP	Palmetto, Fl. 34221
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Levesque Gary Levesque 2-8-95 (813) 729-6285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003786