


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07244** (9)

1. Corporation Name

VILLAGES OF THOUSAND OAKS MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8000 THOUSAND OAKS BLVD
PALMETTO FL 34221**

**8000 THOUSAND OAKS BLVD
PALMETTO FL 34221**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/23/1985

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**KING, CHARLES
1611 10TH AVE W
PALMETTO FL 34221**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, CLYDE	
STREET ADDRESS	5453 80TH AVE CIRCLE E	
CITY-ST-ZIP	PALMETTO FL	

TITLE	VPD	DELETE
NAME	WHITLOCK, TRACY	
STREET ADDRESS	5469 81ST AVE CIRCLE E	
CITY-ST-ZIP	PALMETTO FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LYON, JACK	
STREET ADDRESS	5624 82ND AVE E	
CITY-ST-ZIP	PALMETTO FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEVESQUE, GARY	
STREET ADDRESS	5425 80TH AVE CIRCLE EAST	
CITY-ST-ZIP	PALMETTO FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SENDER, RICHARD	
STREET ADDRESS	5621 82ND AVE E	
CITY-ST-ZIP	PALMETTO FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARRADON, ROBERT	
STREET ADDRESS	5449 81ST AVE CIRCLE E	
CITY-ST-ZIP	PALMETTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	211/0 Aubrey Shumard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	8012 56th Ave E	
1.3 STREET ADDRESS	Palmetto, FL 34221	
1.4 CITY-ST-ZIP		

2.1 TITLE	1st VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tracy Whitlock	
2.3 STREET ADDRESS	5469 81st Ave E	
2.4 CITY-ST-ZIP	Palmetto, FL 34221	

3.1 TITLE	311/0 Edith Alaya	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	5507 82nd Ave E	
3.3 STREET ADDRESS	Palmetto, FL 34221	
3.4 CITY-ST-ZIP		

4.1 TITLE	511-0 Sara Routh	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	8008 55th St E	
4.3 STREET ADDRESS	Palmetto, FL 34221	
4.4 CITY-ST-ZIP		

5.1 TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Richard Sander	
5.3 STREET ADDRESS	5621 82nd Ave E	
5.4 CITY-ST-ZIP	Palmetto, FL 34221	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

Richard Sander

3/5/98

CP2E037 (10/97)