

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90231 002 ****61.25

DOCUMENT # N07244

1. Entity Name
**VILLAGES OF THOUSAND OAKS MASTER
ASSOCIATION, INC.**



Principal Place of Business
**9000 THOUSAND OAKS BLVD
PALMETTO, FL 34221**

Mailing Address
**4301 32ND STREET W.
A20
BRADENTON, FL 34205**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2520699

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C & S CONDOMINIUM MANAGEMENT SERVICES
4301 32ND STREET W.
SUITE A19
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RYAN, STEVE**
STREET ADDRESS **5413 80TH AVE CIR E**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **VP** ☐ Delete
NAME **WINTERS, MARK**
STREET ADDRESS **8021 55TH ST. E.**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **T** ☒ Delete
NAME **COATES, DONNA**
STREET ADDRESS **5404 80TH AVE. CIR. E**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **STTR** ☒ Delete
NAME **NODHOLM, CHRISTINE**
STREET ADDRESS **5449 80TH AVE CIR E**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Coates, Michael**
STREET ADDRESS **5404 80th Ave Cir. E.**
CITY-ST-ZIP **Palmetto, FL 34221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Steven Ryan **Steven Ryan**

4/14/08 **941-725-1209**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR