

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90167 036 ****61.25

DOCUMENT # N07244

1. Entity Name

VILLAGES OF THOUSAND OAKS MASTER ASSOCIATION, IN C.



Principal Place of Business

**9000 THOUSAND OAKS BLVD
PALMETTO FL 34221**

Mailing Address

**4301 32ND STREET W.
A19
BRADENTON FL 34205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2520699**

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

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

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete
NAME **JERMYN, GARY**
STREET ADDRESS **8052 56TH COURT E.**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **PD** ☐ Change ☒ Addition
NAME **Harradon, Robert**
STREET ADDRESS **5449 81st Ave Cr E**
CITY-ST-ZIP **Palmetto FL 34221**

TITLE **D** ☐ Delete
NAME **O'NEIL, ROBERT**
STREET ADDRESS **5461 80TH AVE CIR E**
CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **SD** ☒ Delete
NAME **COATES, DONNA**
STREET ADDRESS **5404 80TH AVENUE CIRCLE E**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **SD** ☒ Change ☒ Addition
NAME **Coates, Mike**
STREET ADDRESS **5404 80th Ave Cr E**
CITY-ST-ZIP **Palmetto FL 34221**

TITLE **TD** ☒ Delete
NAME **COSLETT, KIMBERLY**
STREET ADDRESS **5462 80TH AVENUE CIRCLE E**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **TD** ☐ Change ☒ Addition
NAME **Levesque, Dorothy**
STREET ADDRESS **5425 80th Ave Cr E**
CITY-ST-ZIP **Palmetto FL 34221**

TITLE **D** ☒ Delete
NAME **JUDSON, RICHARD**
STREET ADDRESS **8017 56TH CT C**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **SD** ☐ Change ☒ Addition
NAME **Hopper, Ruth**
STREET ADDRESS **8038 56th Ct E**
CITY-ST-ZIP **Palmetto FL 34221**

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: **Robert J. Harradon**

8/14/03

941-758-9454

CR2E037 (4/03)