

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 739896



1. Entity Name
THOUSAND OAKS OWNERSHIP ASSOCIATION, INC.

Principal Place of Business
8125 SW 103RD AVE.
GAINESVILLE, FL 32608

Mailing Address
8125 SW 103RD AVE.
GAINESVILLE, FL 32608



04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2958176	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, RAYMOND D
8125 S.W. 103RD AVE.
GAINESVILLE, FL 32608

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAMIS, DIANA
STREET ADDRESS	8224 SW 103RD AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D
NAME	RAMPHEL, REUBEN
STREET ADDRESS	8904 SW 103 AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	ST
NAME	HARRIS, RAY
STREET ADDRESS	8125 SW 103 AVE.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	ALLEN, JANET
STREET ADDRESS	8723 SW 103 AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80105-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Ray Harris RAY HARRIS 4/28/04 (352) 495-9477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #