


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90015 022 \*\*\*\*61.25

<b>DOCUMENT # 739896</b> 1. Entity Name <b>THOUSAND OAKS OWNERSHIP ASSOCIATION, INC.</b>					
Principal Place of Business <b>7811 SW 103RD AVE GAINESVILLE, FL 32608</b>			Mailing Address <b>7811 SW 103RD AVE GAINESVILLE, FL 32608</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2958176</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BERGMAN, ROBERT 7811 SW 103RD AVE. GAINESVILLE, FL 32608</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Robert Bergman</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-8-08</u> <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIS, STEVEN J 8318 SW 103RD AVE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Elliott, Bill 8500 SW 103 RD Ave Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIOTT, BILL 8500 SW 103RD AVE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harvey, John 8631 SW 103 RD Ave Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERGMAN, ROBERT 7811 SW 103RD AVE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bergman, Robert 7811 SW 103 RD Ave Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, JOHN 8631 SW 103RD AVE GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Allred, Laura 8810 SW 103 RD Ave Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sham's, Jeff 8224 SW 103 RD Ave Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>Robert Bergman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>				Date <u>3-8-08</u> Daytime Phone # <u>352-495-6543</u>	