## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000006139

FILED Mar 06, 2009 Secretary of State

Entity Name: THOUSAND OAKS MASTER ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2180 WEST SR 434 STE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044

SUITE 5000

LONGWOOD, FL 327795044

**Current Mailing Address:** New Mailing Address:

2180 WEST SR 434 STE 5000 2180 WEST SR 434

LONGWOOD, FL 327795044 SUITE 5000

LONGWOOD, FL 327795044

FEI Number: 59-3697374 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ULM, JEFFREY C/O GOLDSTAR MGMT CO 2435 US 19 #270 HOLIDAY, FL 34691 US

HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

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.

SIGNATURE: JAMES W HART JR 03/06/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete (X) Change ( ) Addition

PATRICIA, BUCK O BUCK, PATRICIA Name: Name:

8105 S.R. 54 Address: 3600 GALILEO DR STE 104 Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DST Title: SD (X) Change ( ) Addition () Delete

ORSI, JULIE Name: ORSI, DEBORAH Name:

Address: 8105 S.R. 54 Address: 3600 GALILEO DR STE 104 City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DV (X) Delete Title: () Change () Addition

ORSI, DEBBIE Name: Name: 8105 STATE ROAD 54 Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA BUCK PD 03/06/2009