

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006139

Entity Name: THOUSAND OAKS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**3600 GALILEO DR STE 104
NEW PORT RICHEY, FL 34655**Current Mailing Address:**3600 GALILEO DR STE 104
NEW PORT RICHEY, FL 34655 US**FEI Number: 59-3697374****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VITALE, JULIE
SUNFIELD HOMES INC
3600 GALILEO DR STE 104
NEW PORT RICHEY, FL 34655 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: JULIE VITALE****04/21/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------------|
| Title | PRESIDENT, DIRECTOR |
| Name | VITALE, JULIE |
| Address | 3600 GALILEO DR SUITE 104 |
| City-State-Zip: | NEW PORT RICHEY FL 34655 |

| | |
|-----------------|------------------------------|
| Title | VP, DIRECTOR |
| Name | ORSI, DEBORAH |
| Address | 3600 GALILEO DR SUITE 104 |
| City-State-Zip: | NEW PORT RICHEY FL 34655 |

| | |
|-----------------|-----------------------------------|
| Title | SECRETARY, TREASURER, DIRECTOR |
| Name | ORSI, JENNIFER |
| Address | 3600 GALILEO DR SUITE 104 |
| City-State-Zip: | NEW PORT RICHEY FL 34655 |

I hereby 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 all other like empowered.

SIGNATURE: JULIE VITALE**PRESIDENT****04/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date