

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006140

**FILED**  
**Mar 05, 2020**  
**Secretary of State**  
**5438136969CC****Entity Name:** THOUSAND OAKS PHASES 2-5 HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677**Current Mailing Address:**720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677 US**FEI Number:** 59-3697375**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCANNAVINO, INC.  
720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677 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:** DOMINICK SCANNAVINO

03/05/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	KARELUS, MELINDA
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	STD
Name	CHELENA, JOHN
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	VPD
Name	SUTTON, BOBBY
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	D
Name	CARUSO, ROBERT
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

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:** MELINDA KARELUS**PRESIDENT**

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date