

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006140

**Entity Name:** THOUSAND OAKS PHASES 2-5 HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 11, 2013**  
**Secretary of State**  
**CC7303516533**

**Current Principal Place of Business:**

9851 STATE ROAD 54  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

9851 STATE ROAD 54  
NEW PORT RICHEY, FL 34655

**FEI Number: 59-3697375**

**Certificate of Status Desired: No**

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

PARKLANE REAL ESTATE SERVICES  
9851 STATE ROAD 54  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            SUTTON, BOBBY  
Address        9851 STATE ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34655

Title            VP  
Name            COX, RON  
Address        9851 STATE ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34655

Title            S/T  
Name            CASSIDY, WENDY  
Address        8738 LINEBROOK DRIVE  
City-State-Zip: TRINITY 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: BOBBY SUTTON**

**PRESIDENT**

**04/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date