

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07244

**Entity Name:** VILLAGES OF THOUSAND OAKS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**321 INTERSTATE BLVD  
SARASOTA, FL 34240**Current Mailing Address:**C/O SUNVAST PROPERTIES, INC.,  
321 INTERSTATE BLVD  
SARASOTA, FL 34240 US**FEI Number:** 59-2520699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNVAST PROPERTIES, INC.  
321 INTERSTATE BLVD  
SARASOTA  
FL, FL 34240 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:** SUNGMIN RO

04/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            METCALF, WAYNE  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET NORTH SUITE 301  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            VP  
Name            DURRANCE, HANK  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET NORTH SUITE 301  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            TREASURER  
Name            BURLEY, CHARLES  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET NORTH SUITE 301  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            SECRETARY  
Name            SANFORD, DEREK  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET NORTH SUITE 301  
City-State-Zip: SAINT PETERSBURG FL 33702

Title            DIRECTOR  
Name            KISH, BETTY  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET NORTH SUITE 301  
City-State-Zip: SAINT PETERSBURG FL 33702

*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:** WAYNE METCALF

PRESIDENT

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date