

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001634

Entity Name: THOUSAND OAKS EAST PHASE 5 HOMEOWNER'S ASSOCIATION, INC.**FILED**
Apr 01, 2019
Secretary of State
1985288104CC**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: 45-3089819****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****04/01/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	SD
Name	HUNT, JOAN
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	TD
Name	GRIMES, BILL PA
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	D
Name	PAOLICELLI, MICHAEL
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: SUE SKIDD**PRESIDENT****04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date