

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001634

**Entity Name:** THOUSAND OAKS EAST PHASE 5 HOMEOWNER'S ASSOCIATION, INC.**FILED**  
**Apr 12, 2016**  
**Secretary of State**  
**CC3427119044****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****04/12/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	PAOLICELLI, MICHAEL
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

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

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

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

Title	D
Name	SKIDD, SUE
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: MICHAEL PAOLICELLI****PRESIDENT****04/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date