

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001634

**Entity Name:** THOUSAND OAKS EAST PHASE 5 HOMEOWNER'S 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:** 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

04/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            TREASURER  
Name            LANDRIAN, ALEIDA  
Address        720 BROOKER CREEK BLVD.  
                 SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title            SECRETARY  
Name            TRAFICANTE, DONNA  
Address        720 BROOKER CREEK BLVD.  
                 SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title            VP  
Name            WICH, BRIAN  
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:** CHRIS KOSS

**PRESIDENT**

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date