

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767948

FILED
May 03, 2009
Secretary of State

Entity Name: THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

821 FLEMING CT
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

821 FLEMING CT
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-3138315 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEE, NANCY
821 FLEMING CT.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPS, JEFFREY
Address: 962 FLEMING CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: VD () Delete
Name: CHAMPANE, KENNETH
Address: 1050 FLEMING DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: SD () Delete
Name: GREEN, LAUREN
Address: 913 FLEMING DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: TD () Delete
Name: LEE, NANCY
Address: 821 FLEMING CT.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY LEE

TD

05/03/2009

Electronic Signature of Signing Officer or Director

Date