

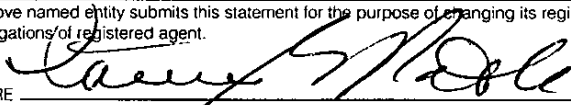
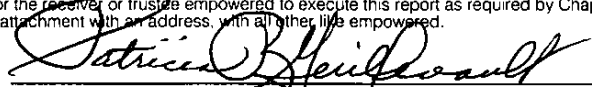


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # N00000006138</b>				05-01-2006 90413 049 ****61.25	
1. Entity Name <b>THOUSAND OAKS MULTI-FAMILY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1324 SEVEN SPRINGS BLVD. #148 NEW PORT RICHEY, FL 34655</b>		Mailing Address <b>1324 SEVEN SPRINGS BLVD. #148 NEW PORT RICHEY, FL 34655</b>			
2. Principal Place of Business <b>10730 U.S. 19</b>		3. Mailing Address <b>10730 U.S. 19</b>			
Suite, Apt. #, etc. <b>Suite 17</b>		Suite, Apt. #, etc. <b>Suite 17</b>		03312006 Chg-NP CR2E037 (11/05)	
City & State <b>Port Richey, FL</b>		City & State <b>Port Richey, FL</b>		4. FEI Number <b>59-3695841</b>	
Zip <b>34668</b>		Country <b>Pasco</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34668</b>		Country <b>Pasco</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RASKA, MICHAEL 1818 HORSECHESNUT CT. TRINITY, FL 34655</b>				7. Name and Address of New Registered Agent <b>Qualified Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 10730 U.S. 19 Suite 17 City Port Richey, FL Zip Code 34668</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>P-</b> <input type="checkbox"/> Delete NAME <b>LEWIS, NELSON --</b> STREET ADDRESS <b>8517 HAWBUG ST</b> CITY - ST - ZIP <b>TRINITY, FL 34655 --</b>			TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Lewis, Nelson</b> STREET ADDRESS <b>10730 U.S. 19, Suite 17</b> CITY - ST - ZIP <b>Port Richey, FL</b>		
TITLE <b>V-</b> <input type="checkbox"/> Delete NAME <b>RASKA, MICHAEL --</b> STREET ADDRESS <b>1818 HORSECHESNUT CT</b> CITY - ST - ZIP <b>TRINITY, FL 34655 --</b>			TITLE <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Raska, Michael</b> STREET ADDRESS <b>10730 U.S. 19, Suite 17</b> CITY - ST - ZIP <b>Port Richey, FL</b>		
TITLE <b>F</b> <input type="checkbox"/> Delete NAME <b>GUILLEREAULT, PATRICIA --</b> STREET ADDRESS <b>1025 HORSECHESNUT CT --</b> CITY - ST - ZIP <b>TRINITY, FL 34655 --</b>			TITLE <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Guillereault, Patricia</b> STREET ADDRESS <b>10730 U.S. 19, Suite 17</b> CITY - ST - ZIP <b>Port Richey, FL</b>		
TITLE <b>S-</b> <input checked="" type="checkbox"/> Delete NAME <b>HARGROVE, RASKA, CHRISTY --</b> STREET ADDRESS <b>4010 HORSECHESNUT CT --</b> CITY - ST - ZIP <b>TRINITY, FL 34655 --</b>			TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Townsend, Melissa</b> STREET ADDRESS <b>10730 U.S. 19, Suite 17</b> CITY - ST - ZIP <b>Port Richey, FL</b>		
TITLE <b>D-</b> <input type="checkbox"/> Delete NAME <b>ABBEY, RICHARD --</b> STREET ADDRESS <b>8082 PERSEA CT --</b> CITY - ST - ZIP <b>TRINITY, FL 34655 --</b>			TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Abbey, Richard</b> STREET ADDRESS <b>10730 U.S. 19, Suite 17</b> CITY - ST - ZIP <b>Port Richey, FL</b>		
TITLE <b>B-</b> <input type="checkbox"/> Delete NAME <b>MATHIS, KEVIN --</b> STREET ADDRESS <b>8544 HAWBUG ST --</b> CITY - ST - ZIP <b>TRINITY, FL 34655 --</b>			TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Mathis, Kevin</b> STREET ADDRESS <b>10730 U.S. 19, Suite 17</b> CITY - ST - ZIP <b>Port Richey, FL</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <b>4/25/06</b> Daytime Phone # _____					