2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

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Entity Name: THOUSAND OAKS MULTI-FAMILY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5901 U.S. HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5901 U.S. HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

C/O QUALIFIED PROPERTY MGMT INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-3695841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 U.S. HWY 19
NEW PORT RICHEY, FL 34652 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
Name: VAN WYK, NEELS
Address: 8605 HAWBUCK ST
City-St-Zip: TRINITY, FL 34655

Title: VD
Name: TRAUTNER, JIM
Address: 8615 PERSEA COURT
City-St-Zip: TRINITY, FL 34655

Title: SD
Name: JAYE, MATTHEW
Address: 8610 PERSEA COURT
City-St-Zip: TRINITY, FL 34655

Title: TD
Name: WALTER, JOHN
Address: 8634 PERSEA COURT
City-St-Zip: TRINITY, FL 34655

Title: D
Name: VARN, JESSICA
Address: 8533 HAWBUCK ST
City-St-Zip: TRINITY, FL 34655

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: VANWYK NEELS PD 03/08/2011

Electronic Signature of Signing Officer or Director Date