

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006139

1. Entity Name
THOUSAND OAKS MASTER ASSOCIATION, INC.



Principal Place of Business
8105 S.R. 54
NEW PORT RICHEY, FL 34655

Mailing Address
8105 S.R. 54
NEW PORT RICHEY, FL 34655



01132005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
59-3697374

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCK, PATRICIA O
8105 S.R. 54
NEW PORT RICHEY, FL 34655

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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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PATRICIA, BUCK O
8105 S.R. 54
NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
ORSI, JULIE
8105 S.R. 54
NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ORSI, DEBBIE
8105 STATE ROAD 54
NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Julie Orsi

1/13/05 (727) 375-1414

Date

Daytime Phone #