


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90106 023 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 40 Goldstar Mgmt Co Suite, Apt. #, etc. 2435 US 19 #270 City & State Holiday FL Zip 34691		3. Mailing Address 40 Goldstar Mgmt Co Suite, Apt. #, etc. 2435 US 19 #270 City & State Holiday FL Zip 34691		4. FEI Number 59-3697374 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01032007 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent BUCK, PATRICIA O 8105 S.R. 54 NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name Jeffrey Ulm Street Address (P.O. Box Number is Not Acceptable) 40 Goldstar Mgmt Co. 2435 US 19 #270 City Holiday FL Zip Code 34691		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Jeffrey Ulm <small>(NOTE: Registered Agent signature required when reinstating)</small>		1/17/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATRICIA, BUCK O <input type="checkbox"/> Delete 8105 S.R. 54 NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ORSI, JULIE <input type="checkbox"/> Delete 8105 S.R. 54 NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORSI, DEBBIE <input type="checkbox"/> Delete 8105 STATE ROAD 54 NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Julie Orsi		1/17/2007 <small>Date</small>
			7279421945 <small>Daytime Phone #</small>		