

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006140

FILED
Jun 22, 2009
Secretary of State

Entity Name: THOUSAND OAKS PHASES 2-5 HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8249 KRISTEL CIR
PORT RICHEY, FL 34668

New Principal Place of Business:

8249 KRISTEL CIRCLE
PORT RICHEY, FL 34668

Current Mailing Address:

8249 KRISTEL CIR
PORT RICHEY, FL 34668

New Mailing Address:

8249 KRISTEL CIRCLE
PORT RICHEY, FL 34668

FEI Number: 59-3697375 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

TAMPA BAY PROPERTY MANAGEMENT
ATTN: JAMIE K. MICK
8249 KRISTEL CIR.
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

TAMPA BAY PROPERTY MANAGEMENT, INC.
8249 KRISTEL CIRCLE
PORT RICHEY, FL 34668 US

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: JAMIE K. MICK

06/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DODDS, BOB
Address: 8249 KRISTEL CIR
City-St-Zip: PORT RICHEY, FL 34668

Title: VP () Delete
Name: SUTTON, BOB
Address: 8249 KRISTEL CIR
City-St-Zip: PORT RICHEY, FL 34668

Title: ST () Delete
Name: BOYLE, BOB
Address: 8249 KRISTEL CIR
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DODDS, ROBERT
Address: 8623 LINEBROOK DRIVE
City-St-Zip: TRINITY, FL 34655

Title: VP (X) Change () Addition
Name: ABBEY, RICHARD
Address: 8707 TORCHWOOD DRIVE
City-St-Zip: TRINITY, FL 34655

Title: S/T (X) Change () Addition
Name: BOYLE, ROBERT
Address: 8625 LOVAS TRAIL
City-St-Zip: TRINITY, FL 34655

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: JAMIE K. MICK

AGT.

06/22/2009

Electronic Signature of Signing Officer or Director

Date