

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90256 015 ****61.25

DOCUMENT # N01109

1. Entity Name
THOUSAND OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**203 S ORCHARD ST
ORMOND BEACH, FL 32174 US**

Mailing Address
**C/O ACAMA, INC.
507 HERBERT ST., SUITE C
PORT ORANGE, FL 32129 US**

00055786



04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2377318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REIMER, RL
507 HERBERT ST., SUITE C
PORT ORANGE, FL 32129**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAUZE, MARTIN
STREET ADDRESS	203 S. ORCHARD ST., #9C
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	VD
NAME	PHELPS, EUGENE
STREET ADDRESS	203 S. ORCHARD ST., #8A
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	STD
NAME	DRUMMOND, MATHEW
STREET ADDRESS	203 S ORCHARD ST #10-C
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	FLANAGAN, EDWARD
STREET ADDRESS	203 S ORCHARD ST #5B
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	FISHER, FRANCES
STREET ADDRESS	203 S ORCHARD ST #10-C
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Eugene P. Phelps *Apr 20, 2006*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EUGENE P. PHELPS