

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90051 005 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAUZE, MARTIN
STREET ADDRESS 203 S. ORCHARD ST., #9C
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Delete

TITLE VD
NAME PHELPS, EUGENE
STREET ADDRESS 203 S. ORCHARD ST., #8A
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Delete

TITLE STD
NAME DRUMMOND, MATHEW
STREET ADDRESS 203 S ORCHARD ST #10-C
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Delete

TITLE D
NAME FLANAGAN, EDWARD
STREET ADDRESS 203 S ORCHARD ST #5B
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Delete

TITLE D
NAME FISHER, FRANCES
STREET ADDRESS 203 S ORCHARD ST #10-C
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☐ Change ☒ Addition
NAME WELLS, JEAN
STREET ADDRESS 203 S. ORCHARD ST. #11-D
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE T/D ☐ Change ☒ Addition
NAME DICKERMAN, MARION
STREET ADDRESS 203 S. ORCHARD ST #11-C
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D ☐ Change ☒ Addition
NAME SZESTALO, ROBERT
STREET ADDRESS 203 S. ORCHARD ST. #5-D
CITY-ST-ZIP ORMOND BEACH, FL 32174

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

Date

Daytime Phone #