2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01109

FILED Apr 17, 2009 Secretary of State

Entity Name: THOUSAND OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 203 S ORCHARD ST ORMOND BEACH, FL 32174 US **Current Mailing Address: New Mailing Address:** C/O ACAMA, INC 507 HERBERT ST., SUITE C PORT ORANGE, FL 32129 US FEI Number: 59-2377318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REIMER, RL 507 HERBERT ST., SUITE C PORT ORANGE, FL 32129 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PHELPS, EUGENE WELLS, JEAN Name: Name: 203 S. ORCHARD ST., #8A Address: 203 S. ORCHARD ST., #11D Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: SD () Delete Title: (X) Change () Addition DRUMMOND, MATHEW Name: SZESTALO, ROBERT Name: Address: 203 S ORCHARD ST #10-C Address: 15 LAKE MEADOWS WAY City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: SD (X) Change () Addition SZESTALO, ROBERT JACKSON, LAURIE Name: Name: 203 S. ORCHARD ST #5-D 61 LINCOLN AVENUE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: TD (X) Change () Addition Name: PAUZE, MARTIN Name: SEELEY, DAVID 203 S ORCHARD ST 9-C Address: Address: 1312 OAK FOREST DRIVE City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: () Change (X) Addition DEUMELAND, MICHAEL Name: Name: 10 ARROWHEAD DRIVE Address: Address: City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174

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: JEAN WELLS PD 04/17/2009