2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000595

FILED Juņ 22, 2<u>00</u>9 Secretary of State

Entity Name: THOUSAND OAKS PHASES 6-9 HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8249 KRISTEL CIRCLE PORT RICHEY, FL 34668

Current Mailing Address: New Mailing Address:

8249 KRISTEL CIRCLE PORT RICHEY, FL 34668

FEI Number: 03-0386630 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: Name and Address of New Registered Agent:

TAMPA BAY PROPERTY MANAGEMENT TAMPA BAY PROPERTY MANAGEMENT, INC. 8249 KRISTEL CIRCLE 8249 KRISTEL CIRCLE

PORT RICHEY, FL 34668 US 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

> > City-St-Zip:

OFFICERS AND DIRECTORS:

PORT RICHEY, FL 34668

City-St-Zip:

Name:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TRINITY, FL 34655

() Delete (X) Change () Addition PRATT. STEVE PURVIS, CHARLES Name: Name: 8249 KRISTEL CIRCLE Address: 8934 WAVYEDGE COURT Address:

City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: TRINITY, FL 34655

(X) Change () Addition Title: TRES () Delete Title: **TRES** RODRIGUEZ, KEVIN Name: RODRIGUEZ, KEVIN Name: Address: 8249 KRISTEL CIRCLE Address: 1542 TAWNYBERRY COURT

Title: () Delete Title: (X) Change () Addition PURVIS, CHARLES ACEVEDO, CARLOS Name: Name:

8249 KRISTAL CIRCLE 8911 WAVYEDGE COURT Address: Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: TRINITY, FL 34655

Title: VΡ (X) Delete Title: () Change () Addition

POHZ, SHARON Name: 1608 TAWNYBERRY CT. Address: City-St-Zip: TRINITY, FL 34655 City-St-Zip:

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