2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001636

FILED Mar 04, 2009 Secretary of State

Entity Name: THOUSAND OAKS AT CONGRESS MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4002 CANOPY LN RIVIERA BEACH, FL 33404 **Current Mailing Address: New Mailing Address:** 262 BARBADOS DRIVE PO BOX 2433 JUPITER, FL 33468 JUPITER, FL 33458 FEI Number: 34-1997164 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: DICKER, KRIVOK & STOLOFF, PA 1818 AUSTRALIAN AVE SOUTH SUITE 400 WEST PALM BEACH, FL 33409 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: (X) Change () Addition () Delete JACKSON, JEFFREY JACKSON, JEFFREY Name: Name: 1108 CENTER STONE LN Address: 1108 CENTER STONE LN Address: City-St-Zip: RIVIERA BEACH, FL City-St-Zip: RIVIERA BEACH, FL 33458 Title: Title: () Delete () Change () Addition KOLICK, JEANNE Name: Name: Address: 4127 VENETIA WAY Address: City-St-Zip: WEST PALM BEACH, FL 33404 City-St-Zip: Title: () Delete Title: () Change () Addition JACKSON, KIM Name: Name: 1270 ROSEGATE BLVD Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: (X) Change () Addition Title: VΡ () Delete Title: COULTON, BRIAN Name: EDWARDS, BRIAN Name: 1007 CENTER STONE LANE 1007 CENTER STONE LANE Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: RIVIERA BEACH, FL 33404 Title: () Delete Title: (X) Change () Addition SMITH, TAWANNA ALVIN, TIMOTHY Name: Name: 1000 CENTER STONE LANE 1024 CENTER STONE LANE Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: RIVIERA BEACH, FL 33404

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: KIM JACKSON P 03/04/2009