

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

**FILED  
May 01, 2006 8:00 am  
Secretary of State**

05-01-2006 90399 048 \*\*\*\*61.25

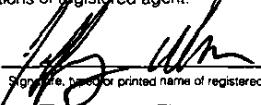
DOCUMENT # N03000002361		
1. Entity Name THOUSAND OAKS EAST - PHASES II AND III HOMEOWNERS'ASSOCIATION, INC.		

Principal Place of Business 1324 SEVEN SPRINGS BLVD #163 NEW PORT RICHEY, FL 34655	Mailing Address 1324 SEVEN SPRINGS BLVD #163 NEW PORT RICHEY, FL 34655
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2. Principal Place of Business 90 Goldstar Mgmt Co Suite, Apt. #, etc. 2435 US 19 #270	3. Mailing Address 90 Goldstar Mgmt Co Suite, Apt. #, etc. 2435 US 19 #270
City & State Holiday FL	City & State Holiday FL
Zip 34691	Country USA
Zip 34691	Country USA

6. Name and Address of Current Registered Agent  SLATER, JEFF 1632 SWAMP ROSE LANE TRINITY, FL 34655	7. Name and Address of New Registered Agent  Name Jeffrey Ulm Street Address (P.O. Box Number is Not Acceptable) 90 Goldstar Mgmt Co 2435 US 19 #270 City Holiday
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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, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/25/06

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLATER, JEFF 1632 SWAMP ROSE LANE TRINITY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIDDLETTON, KAREN 1611 REGAL RUST LOOP TRINITY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Noary, Jamie 1703 PINK GUARACt. Trinity FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, TERESA 1731 SWAMP ROSE LN TRINITY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Mitchell, Teresa 1813 Regal Mist Loop Trinity FL 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEAT, BOB 1717 PINK GUARA CT TRINITY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stevens, Brian 1927 Pink Guara Ct Trinity FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cremanni, Lois 1509 Regal Mist Loop Trinity FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jones, Shirley 4745 Sweet Inspire Dr. Trinity FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Jeffrey Slater Date 4/25/06 Daytime Phone # (813) 625-3729