

# 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**

2. Principal Place of Business  
**90 Goldster Mgmt Co  
Suite, Apt. #, etc.  
2435 US 19 # 270  
City & State  
Holiday FL  
Zip  
34691**

3. Mailing Address  
**90 Goldster Mgmt Co  
Suite, Apt. #, etc.  
2435 US 19 # 270  
City & State  
Holiday FL  
Zip  
34691**

**01082006 Chg-NP CR2E037 (11/05)**

4. FEI Number  
**20-0028902**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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 Goldster Mgmt Co**  
**2435 US 19 # 270**  
City **Holiday** FL Zip Code **34691**

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 **Jeffrey A. Ulm, CAM, CMCA** DATE **4/25/06**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SLATER, JEFF	1632 SWAMP ROSE LANE	TRINITY, FL 34655	<input type="checkbox"/>
VP	MIDDLETON, KAREN	1611 REGAL RUST LOOP	TRINITY, FL 34655	<input checked="" type="checkbox"/>
S	JONES, TERESA	1731 SWAMP ROSE LN	TRINITY, FL 34655	<input checked="" type="checkbox"/>
T	WEAT, BOB	1717 PINK GUARA CT	TRINITY, FL 34655	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Neary, Jamie	1703 PINK GUARA CT.	Trinity FL. 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Mitchell, Teresa	1813 Regal Mist Loop	Trinity FL. 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	Stevens, Brian	1927 PINK GUARA CT	Trinity FL. 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S	Cremanni, Lois	1509 Regal Mist Loop	Trinity FL. 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T	Jones, Shirley	1745 Sweet'spire 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: Jeffrey Slater** **4/25/06** **(813) 625-3729**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR