


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90093 009 \*\*\*\*61.25

<b>DOCUMENT # N04000008101</b> 1. Entity Name <b>THOUSAND OAK EAST - PHASE IV HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O GOLDSTAR MGMT CO. 2435 UNITED STATES HIGHWAY 19 SUITE 270 HOLIDAY, FL 34691 US</b>			Mailing Address <b>C/O GOLDSTAR MGMT CO. 2435 UNITED STATES HIGHWAY 19 SUITE 270 HOLIDAY, FL 34691 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2435 US Hwy 19</b>			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-1422663</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ULM, JEFFREY C/O GOLDSTAR MANAGEMENT CO. 2435 UNITED STATES HIGHWAY 19 SUITE 270 HOLIDAY, FL 34691</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2435 US Hwy 19 # 270</b> City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GREEN, JARED</b> <b>1427 IMPATIENS COURT</b> <b>NEW PORT RICHEY, FL 34655</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Tim Green</b> <b>1344 Gallberry Ct</b> <b>New Port Richey FL 34655</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RATLIFF, DIANA</b> <b>1430 KAFFIER LILY CT</b> <b>NEW PORT RICHEY, FL 34655</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kaffir</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MONFORTI, STEVE</b> <b>1404 IMPATIENS CT</b> <b>NEW PORT RICHEY, FL 34655</b>	<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	<b>T</b> <b>WALQUARNERY, STEPHANIE</b> <b>1423 KAFFIER LILY CT</b> <b>NEW PORT RICHEY, FL 34655</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kaffir</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, MEREDITH</b> <b>1418 GALLBERY CT</b> <b>NEW PORT RICHEY, FL 34655</b>	<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	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <i>Tim Green</i> <b>PRESIDENT</b>			<b>4-22-08 727-376-0859</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		