


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06166</b> 1. Entity Name VILLAGES OF THOUSAND OAKS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 5507 80TH AVE E PALMETTO, FL 34221	Mailing Address 501 BAYVIEW DRIVE HOLMES BEACH, FL 34217
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**DO NOT WRITE IN THIS SPACE**



07242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2547784	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  RESAM CORPORATION 501 BAYVIEW DR HOLMES BEACH, FL 34217
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**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing,  
Trust Fund Contribution. ☐

**\$5.00** May, Be,  
Added to Fees

08/25/08-80004-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARSENAULT, HENRY 5607 79TH AVE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOING, CHARLES 7809 54TH CT E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARLENYAH, JOYCE 5602 79TH AVE E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, DAVE 7809 80TH AVE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYCE, STEVEN 5617 78TH AVE E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Henry Arsenault* **Henry ARSENAULT** 8/21/08 941-7223917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #