


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90099 035 \*\*\*\*61.25

<b>DOCUMENT # N07187</b> 1. Entity Name <b>VILLAGES OF THOUSAND OAKS, VILLAGE I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9000 THOUSAND OAKS BLVD PALMETTO, FL 34221</b>			Mailing Address <b>RESAM CORP. 501 BAYVIEW DRIVE BRADENTON BEACH, FL 34217</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2520693</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KING, CHARLES R 501 BAYVIEW DRIVE BRADENTON BEACH, FL 34217</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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 _____ (NOTE: Registered Agent signature required when re-registering)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	P/D Joseph HARASYM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARASYM, JOSEPH		NAME	5632 82 AVE E.	
STREET ADDRESS	5632 82ND AVE		STREET ADDRESS	PALMETTO FL 34221	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D HANK DURRANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANKNEY, JULIE		NAME	5514 82 AVE DR E.	
STREET ADDRESS	5530 82ND DR E.		STREET ADDRESS	PALMETTO FL 34221	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SENDER, RICHARD		NAME		
STREET ADDRESS	5621 82ND AVE		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Richard SENDER</u> <b>RICHARD SENDER</b> 4/19/07 944.729.5033					