

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07187

1. Entity Name
VILLAGES OF THOUSAND OAKS, VILLAGE I
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
9000 THOUSAND OAKS BLVD
PALMETTO, FL 34221

Mailing Address
RESAM CORP.
501 BAYVIEW DRIVE
BRADENTON BEACH, FL 34217

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



07242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2520693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KING, CHARLES R
501 BAYVIEW DRIVE
BRADENTON BEACH, FL 34217

**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)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000958332
08/25/08-80004-020 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARASYM, JOSEPH
STREET ADDRESS 5632 82ND AVE
CITY-ST-ZIP PALMETTO, FL 34221

TITLE D
NAME DURRANOE, HANK
STREET ADDRESS 5514 82 AVE DR E
CITY-ST-ZIP PALMETTO, FL 34221

TITLE STD
NAME SENDER, RICHARD
STREET ADDRESS 5621 82ND AVE
CITY-ST-ZIP PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard Sender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Sender
Date 8/27/08 Daytime Phone # 941-7295033