2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005142

FILED Jul 07, 2008 Secretary of State

Entity Name: THOUSAND OAKS OF PASCO HOMEOWNERS ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Prince	cipal Place of Business:	
10730 US 19 SUITE 17 PORT RICHEY, FL 34668		SUITE 7Q	5901 US HWY 19 SUITE 7Q NEW PORT RICHEY, FL 34652	
Current Mailing Address:		New Mail	New Mailing Address:	
5901 U.S. HWY 19 SUITE 7Q NEW PORT RICHEY, FL 34652		SUITE 7Q	5901 US HWY 19 SUITE 7Q NEW PORT RICHEY, FL 34652	
n accordan	:: 59-3453764 FEI Number Applied For () FEI I nce with s. 607.193(2)(b), F.S., the corporation did not received A Address of Current Registered Agent:			
QUALIFIEI 5901 US F SUITE 7Q	D PROPERTY MANAGEMENT, INC. HWY 19		- -	
	e named entity submits this statement for the purpos e of Florida.	e of changing	its registered office or registered agent, or both,	
SIGNATUI				
	Electronic Signature of Registered Agent		Date	
OFFICER	S AND DIRECTORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	P () Delete KUPSTAS, DAVID 5901 US HWY 19 STE 7Q NEW PORT RICHEY, FL 34652	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Nddress: Dity-St-Zip:	VP () Delete DONALDSON, STEPHEN 5901 US HWY 19 STE 7Q NEW PORT RICHEY, FL 34652	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Nddress: Dity-St-Zip:	SD () Delete LUTZ, SHARON 5901 US HWY 19 STE 7Q NEW PORT RICHEY, FL 34652	Title: Name: Address: City-St-Zip:	T (X) Change () Addition LEIGH, SHARON 5901 US HWY 19 STE 7Q NEW PORT RICHEY, FL 34652	
itle: lame: ddress: city-St-Zip:	D () Delete MICKUNAS, VIC 5901 US HWY 19 STE 7Q NEW PORT RICHEY, FL 34652	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Nddress:	ARC () Delete FENNELLY, JEFF 5901 US HWY 19 STE 7Q	Title: Name: Address:	S (X) Change () Addition LUTZ, MESHECA 5901 US HWY 19 STE 7Q	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WHITE CEO 07/07/2008