


FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90105 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 722021 1. Corporation Name TOMOKA VIEW AND TANGLEWOOD CIVIC ASSOCIATION, INC.					
Principal Place of Business 217 SEMINOLE DR. ORMOND BEACH FL 32174 US			Mailing Address P. O. BOX 730671 ORMOND BEACH FL 32173 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 11/05/1971 4. FEI Number 59-1978459 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent CRISP, RONALD C 217 SEMINOLE DR. ORMOND BCH. FL 32174			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD NAME GILBERT, ALAN STREET ADDRESS 109 SEMINOLE DR. CITY-ST-ZIP ORMOND BEACH FL 32174			1.1 TITLE D 1.2 NAME D 1.3 STREET ADDRESS 333 Apache Trail 1.4 CITY-ST-ZIP ORMOND BEACH FL 32174		
TITLE TD NAME RONALD CRISP STREET ADDRESS 217 SEMINOLE DR CITY-ST-ZIP ORMOND BEACH FL 32174			2.1 TITLE D 2.2 NAME D 2.3 STREET ADDRESS 139 Cherokee 2.4 CITY-ST-ZIP ORMOND BEACH FL 32174		
TITLE S NAME HOFFMAN, HARLEY STREET ADDRESS 108 SEMINOLE DR CITY-ST-ZIP ORMOND BEACH FL 32174			3.1 TITLE D 3.2 NAME D 3.3 STREET ADDRESS 320 Tulip Tree 3.4 CITY-ST-ZIP ORMOND BEACH FL 32174		
TITLE VPD NAME RONALD CANDAGE STREET ADDRESS 240 SEMINOLE DR CITY-ST-ZIP ORMOND BEACH FL			4.1 TITLE D 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE S 5.2 NAME Elizabeth Pompei 5.3 STREET ADDRESS 331 Sylvan 5.4 CITY-ST-ZIP Ormond Beach, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99
 Date

904-677-4175
 Daytime Phone #

CR2E037 (1/98)