


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90050 041 \*\*\*\*61.25

<b>DOCUMENT # 722021</b>	
1. Entity 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
--	--

40001084



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1978459	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRISP, RONALD C 217 SEMINOLE DR. ORMOND BCH., FL 32174		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	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 May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, HARLEY 109 SEMINOLE DR. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RONALD CRISP 217 SEMINOLE DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUIZ, JOSE 155 GREENBRIAR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, ALAN 109 SEMINOLE DRIVE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIZZO, DAVE 233 SEMINOLE DRIVE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'QUINN, ERIN 329 SEMINOLE DR. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>Ronald C. Crisp</i>	1/8/07	386-677-4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT 40001084

#722021

**Tomoka View and Tanglewood Civic Association, Inc.**

**Question #10**

**Board Of Directors**

Kelli Grim  
100 Greenbrier  
Ormond Beach, FL 32174

Jim Wolf  
373 Tulip Tree  
Ormond Beach, FL 32174

Scott Jones  
308 Apache Trail  
Ormond Beach, FL 32174

Rev. Joe Putting  
147 Cherokee  
Ormond Beach, FL 32174

Scot Sherwin  
248 Cherokee Rd  
Ormond Beach, FL 32174

Marvin Wonder  
265 Cherokee Rd  
Ormond Beach, FL 32174

Don Wilson  
233 Chippewa Cir  
Ormond Beach, FL 32174

Claudia Wall  
328 Apache Tr  
Ormond Beach, FL 32174

Bill Navarra  
224 Chippewa  
Ormond Beach, FL 32174