

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722021

FILED
Jan 13, 2009
Secretary of State

Entity Name: TOMOKA VIEW AND TANGLEWOOD CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

217 SEMINOLE DR.
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 730671
ORMOND BEACH, FL 32173 US

New Mailing Address:

FEI Number: 59-1978459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISP, RONALD C
217 SEMINOLE DR.
ORMOND BCH., FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFMAN, HARLEY
Address: 109 SEMINOLE DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: RONALD CRISP,
Address: 217 SEMINOLE DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Delete
Name: WILSON, DON
Address: 233 CHIPENA CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: GILBERT, ALAN
Address: 109 SEMINOLE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: RIZZO, DAVE
Address: 233 SEMINOLE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: O'QUINN, ERIN
Address: 329 SEMINOLE DR.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RONALD C CRISP

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date