

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722021

**Entity Name:** TOMOKA VIEW AND TANGLEWOOD CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**108 SEMINOLE DR.  
ORMOND BEACH, FL 32174**Current Mailing Address:**P. O. BOX 730671  
ORMOND BEACH, FL 32173 US**FEI Number:** 59-1978459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BATTEN, DAVID A CPA  
1326 S RIDGEWOOD AVE  
STE 18  
DAYTONA BEACH, FL 32114-6190 US*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:** DAVID A BATTEN, CPA

03/08/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	HOFFMAN, HARLEY
Address	108 SEMINOLE DR.
City-State-Zip:	ORMOND BEACH FL 32174

Title	T
Name	BATTEN, DAVID A CPA
Address	366 APACHE TRAIL
City-State-Zip:	ORMOND BEACH FL 32174

Title	VP
Name	ZIMMER, JIM
Address	208 SEMINOLE DR
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	GILBERT, ALAN
Address	109 SEMINOLE DRIVE
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	RIZZO, DAVE
Address	233 SEMINOLE DRIVE
City-State-Zip:	ORMOND BEACH FL 32174

Title	S
Name	HOFFMAN, CAROLYN
Address	108 SEMINOLE DRIVE
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	JONES, SCOTT
Address	308 APACHE TRAIL
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	WONDER, MARVIN
Address	265 CHEROKEE RD
City-State-Zip:	ORMOND BEACH FL 32174

**Continues on page 2**

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID A BATTEN**TREASURER**

03/08/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name NAVARRA, BILL  
Address 331 SYLVAN DR  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name RHODES, RICHARD DR.  
Address 380 SEMINOLE DR  
City-State-Zip: ORMOND BEACH FL 32174

Title PASTOR  
Name PUTTING, JOE  
Address 147 CHEROKEE RD  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name MILLER, JOHN  
Address 350 WATER OAK LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name CROUSE, KITTY  
Address 332 SEMINOLE DR  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name LINN, TOBY  
Address 339 WATEROAK DR  
City-State-Zip: ORMOND BEACH FL 32174