

**2017 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  
308 SEMINOLE DR.  
ORMOND BCH., FL 32174 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****03/21/2017**

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

Title D  
Name RIZZO, DAVE  
Address 233 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 T  
Name BATTEN, DAVID A CPA  
Address 366 APACHE TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name GILBERT, ALAN  
Address 109 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 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****03/21/2017**

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