

**2021 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:**C/O BMJ CPA PLC  
1326 S RIDGEWOOD AVE STE 18  
DAYTONA BEACH, FL 32114-6190 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

03/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ZAHARIOS, THOMAS A  
Address        370 SYLVAN 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            JONES, SCOTT  
Address        308 APACHE TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title            D  
Name            NAVARRA, BILL  
Address        331 SYLVAN 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            DIRECTOR  
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

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

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*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**

03/03/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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