

2019 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

02/14/2019

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 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 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

Title D
Name NAVARRA, BILL
Address 331 SYLVAN DR
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**

02/14/2019

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 PASTOR
Name PUTTING, JOE
Address 147 CHEROKEE RD
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