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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722021 (3)

1. Corporation Name

TOMOKA VIEW AND TANGLEWOOD CIVIC ASSOCIATION, IN
C.



Principal Place of Business

Mailing Address

217 SEMINOLE DR.
ORMOND BEACH FL 32174
US

P. O. BOX 730671
ORMOND BEACH FL 32173
US

3. Date Incorporated or Qualified
11/05/1971

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ENSELL, AL
STREET ADDRESS 320 TULIP TREE LANE
CITY-ST-ZIP ORMOND BCH. FL

1.1 TITLE PD
1.2 NAME HASTINGS, ALAN
1.3 STREET ADDRESS 333 APACHE TRAIL
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VD
NAME HASTINGS, ALAN
STREET ADDRESS 333 APACHE TRAIL
CITY-ST-ZIP ORMOND BCH. FL

2.1 TITLE VD
2.2 NAME SHULENBURG, MICHAEL
2.3 STREET ADDRESS 348 SEMINOLE DR
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE TD
NAME CRIPS, RONALD C
STREET ADDRESS 217 SEMINOLE DR.
CITY-ST-ZIP ORMOND BCH. FL

3.1 TITLE TD
3.2 NAME CRISP, RONALD
3.3 STREET ADDRESS 217 SEMINOLE DR
3.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE S
NAME MILLARD, CLAUDIA
STREET ADDRESS 328 APACHE TRAIL
CITY-ST-ZIP ORMOND BCH. FL

4.1 TITLE S
4.2 NAME MILLARD, CLAUDIA
4.3 STREET ADDRESS 328 APACHE TRAIL
4.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RONALD C. CRISP TD

4-2-96 (904) 677-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)