FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

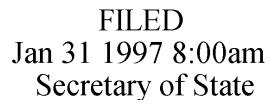
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 722021

(3)

TOMOKA VIEW AND TANGLEWOOD CIVIC ASSOCIATION, IN



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Principal Place of Business Mailing Address			T SOBRIT IDDIE 19949 DIOM DONE HORN CIDE BION DONE DIOM DANK DIEM BAUM LODE						
217 SEMINOLE DR. P. O. BOX 730671									
DRMOND BEACH FL 32174		ORMOND BEACH F	L 32173-0671						
us .						3. Date Incorporated or Qualified 11/05/1971		Pate of Last Report 04/05/1996	
2. Principal Place of Business 2a. Mailing A			Address			4. FEI Number 59-1978459	Applied For Not Applicable		
Suite, Apt	. #, etc	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	75 Additional e Required	
City & State City & State						6. Election Campaign Financing	\$5.00 May Be		
		28 Zip			Trust Fund Contribution		ded to Fees		
Zip 24	Country	29	30	buritry	'	8. This corporation has liability for in Florida Statutes	itangible tax und Yes □ No	er s. 199.032,	
 4	9. Name and Address of Curre		1901	\top		10. Name and Address of New Reg			
				81	Name				
CDISD D	IONALD C			82	Ctroot	Address (P.O. Box Number is Not Acceptable			
	INOLE DR.			02	Sireet	Address (F.O. Box Number is Not Acceptable	6)		
) BCH. FL 32174			83	-				
014110111				84	City		85	Zip Code	
						corporation submits this statement for the pu poration's board of directors. I hereby accep	FL	,	
SIGNATURE	Signature, typed or printed name of registered ac	gent and tille if applicable.		ered Ag	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATÉ	TORS IN 12	
12.	VD OFFICERS AI	VD DIRECTORS		J. I TITLE			Cha		
NAME	SHULENBURG, MICHAEL	~ ~		2 NAME		PD SUULENBURG MICHAEL		•- —	
STREET ADDRESS					T ADDRESS	SHULENBURG, MICHAEI 348 SEMINOLE DR	_		
CITY-ST-ZIP	ORMOND BEACH F		1.	4 CITY-	ST-ZIP	ORMOND BEACH FL 32:	74		
TITLE	PD	□ DE	LETE 2.	1 TITLE		VD	☐ Cha	nge 🔲 Additior	
NAME	HASTINGS, ALAN		2.	2 NAME		RONALD CANDAGE			
STREET ADDRESS			2.	3 STREE	T ADDRESS	240 SEMINOLE DR			
CITY-ST-ZIP	ORMOND BCH. FL	T-T N		4 CITY-	ST-ZIP	ORMOND BEACH FL 321'	7.4 C Cha	nge Addition	
TITLE	TD SOURCE COMMENT	. 50		1 TITLE		rd	Cria	nge 🗀 Adunior	
NAME CTOLCT ADODGED	CRIPS, RONALD C 217 SEMINOLE DR.			2 NAME 9 STOCE	T ADDRESS	RONALD CRISP			
STREET ADDRESS CITY-ST-ZIP	ORMOND BCH. FL			.4. CITY-		217 SEMINOLE DR DRMOND BEACH FL 321	74		
TITLE	S	₩ DI	LETE 4.	1 TITLE	V1 4"	e	Cha	nge Addition	
NAME	MILLARD, CLAUDIA			2 NAME		YIOTA KIRIAKES		7	
STREET ADDRESS			4.	3 STREE		217 CHEROKE			
CITY-ST-ZIP	ORMOND BCH. FL			4 CITY-	ST - ZIP	ORMOND BEACH FL 321	74		
TITLE		DI	ELETE 5.	1 TITLE			[_] Cha	inge 🗀 Addition	
NAME				2 NAME		ĺ			
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CITY-ST-ZIP		□ Di		4 CITY-	ST-ZIP		☐ Cha	inge Addition	
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NAME STREET ADORESE				2 NAME					
STREET ADDRESS	5				T ADDRESS				
CITY-ST-ZIP	4		6.	4 CITY-	3·1 - ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attackment with an address.