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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/05/1971

4. FEI Number

59-1978459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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

10. Name and Address of New Registered Agent

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 ☒ DELETE
NAME SHULENBURG, MICHAEL
STREET ADDRESS 348 SEMINOLE DR
CITY-ST-ZIP ORMOND BEACH FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME GILBERT, ALAN
1.3 STREET ADDRESS 109 SEMINOLE DR
1.4 CITY-ST-ZIP ORMOND BEACH FL 32174

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

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME CANDAGE, RON
2.3 STREET ADDRESS 240 SEMINOLE DR
2.4 CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD ☐ DELETE
NAME RONALD CRISP
STREET ADDRESS 217 SEMINOLE DR
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE S ☒ DELETE
NAME YIOTA KIRIAKES
STREET ADDRESS 217 CHEROKEE
CITY-ST-ZIP ORMOND BEACH FL

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME HOFFMAN, HARLEY
4.3 STREET ADDRESS 108 SEMINOLE DR
4.4 CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VD ☒ DELETE
NAME RONALD CANDAGE
STREET ADDRESS 240 SEMINOLE DR
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I 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 attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-98 (904) 677-4125
Date Daytime Phone # 0003414

CR2E037 (10/97)