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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722021

1. Corporation Name

TOMOKA VIEW AND TANGLEWOOD CIVIC ASSOCIATION, INC.

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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 Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE D	Al Hastings	☒ Change ☐ Addition
NAME	GILBERT, ALAN		1.2 NAME		
STREET ADDRESS	109 SEMINOLE DR.		1.3 STREET ADDRESS	333 Apache Trail	
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	TD	☐ DELETE	2.1 TITLE D	Jay Cuddy	☒ Change ☐ Addition
NAME	RONALD CRISP		2.2 NAME		
STREET ADDRESS	217 SEMINOLE DR		2.3 STREET ADDRESS	139 Cherokee	
CITY-ST-ZIP	ORMOND BEACH FL 32174		2.4 CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	S	☐ DELETE	3.1 TITLE D	Al Lengel	☒ Change ☐ Addition
NAME	HOFFMAN, HARLEY		3.2 NAME		
STREET ADDRESS	108 SEMINOLE DR		3.3 STREET ADDRESS	320 Tulip Tree	
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	VPD	☐ DELETE	4.1 TITLE D		☒ Change ☐ Addition
NAME	RONALD CANDAGE		4.2 NAME		
STREET ADDRESS	240 SEMINOLE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE S		☐ Change ☒ Addition
NAME			5.2 NAME	Elizabeth Pompi	
STREET ADDRESS			5.3 STREET ADDRESS	331 Sylvan	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3-15-99 — 904-677-4175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #