


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 722021 1. Entity Name TOMOKA VIEW AND TANGLEWOOD CIVIC ASSOCIATION, INC.	
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Principal Place of Business 217 SEMINOLE DR. ORMOND BEACH, FL 32174 US	Mailing Address P. O. BOX 730671 ORMOND BEACH, FL 32173 US
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01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1978459	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRISP, RONALD C 217 SEMINOLE DR. ORMOND BCH., FL 32174

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Ronald C Crisp</i></u> R.D. RONALD C CRISP <u>01/13/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, HARLEY 109 SEMINOLE DR. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RONALD CRISP 217 SEMINOLE DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUIZ, JOSE 155 GREENBRIAR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, ALAN 109 SEMINOLE DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIZZO, DAVE 233 SEMINOLE DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'QUINN, ERIN 329 SEMINOLE DR. ORMOND BEACH, FL 32174

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01/23/06-80010-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Ronald C Crisp</i></u> RONALD C CRISP	<u>1-13-06</u> Date	Daytime Phone #
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