2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #749022

INC.

Principal Place of Business

123 TOMOKA MEADOWS BLVD.



1. Entity Name TOMOKA MEADOWS HOMEOWNERS ASSOCIATION, Mailing Address

123 TOMOKA MEADOWS BLVD.

FILED Mar 05, 2007 8:00 am Secretary of State 03-05-2007 90049 040 ****61.25

ORMOND BE	ACH, FL 32	174-4442	ORMOND BEACH, FL 32174-4442										
							•						
2. Principal Place of Business - No P.O. Box # 3.				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02072007	Chg-NP	CR2E	037 (12/06)		
City & Stat	9	City & State				4. FEI Numbe 59-2047			<u> </u>	oplied For			
Zip Country			Zip	Zip Cour				5. Certificate of Status Desired S8.75 Additional Fee Required				ditional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
							Name						
PARKES, KAREN D						Street Address (P.O. Box Number is Not Acceptable)							
3511 S. PENINSULA DRIVE DAYTONA BEACH, FL 32127						Gliedi Addiesa (I. A. Bax Indiliper is Indi Addeptable)							
DATIONA BEAUT, I'E 02121													
						City	City FL Zip Code						
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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE													
			Make che	ok navablo t									
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2007 Trust Fund Contrib						-	9 \$5.00 May Be						
10. OFFICERS AND DIRECTORS					11.	I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1						l 10	
TITLE	DP			☐ Delete	HILE		VP				Change	Addition	
NAME	BENTHAI	•		NAME			Beni	tham, Ra	у				
STREET ADDRESS 7 TOMOKA MEADOWS BLVD CITY-ST-ZIP ORMOND BEACH, FL 32174					T ADDRESS S1-ZIP	7 Tomoka Meadows Blyd Ormond Beach, FL 32174							
TITLE	T	BEACH, TE SETT		Delete	TITLE		T	Old Beac.	, 12 321		[] Change	XX Addition	
NAME	SERGY, TAMARA			A Delete		:	Libi	Libby, Colleen				200 Audition	
STREET ADDRESS				STREET ADD			58 Tomoka Meadows Blvd.						
CITY+ST-ZIP	ORMOND BEACH, FL 32174				ST-ZIP	Ormond Beach, FL 321/4							
TITLE	DΤ			Delete	TITLE		D	.1.			Change	Addition	
NAME	HAMILTON, MARY				NAME		1	amilton, Mary					
STREET ADDRESS CITY-ST-ZIP				STREET ADDRES CITY - ST - ZPP			Orm	106 Tomoka Meadows Blvd. Ormond BEach, FL 32174					
TITLE	s	BEAGILL SELL		Delete	TITLE		S				Change	XX Addition	
NAME	-	-SHININA, SUZANNE		Ser Delete	NAME		She	rman, Jo	yce		E_ Change	2625700011001	
STREET ADDRESS					T ADDRESS	l	Tomoka Meadows Blvd.						
CITY-ST-ZIP	ORMOND BEACH, FL 32174						Orm	rmond Beach, FL 32174					
TITLE	D			☐ Delete	TITLE		D				Change	XXAddition	
NAME	BASTER,				NAME		l	rd, Kevi		_			
STREET ADDRESS		KA MEADOWS BLVD				ET ADDRESS ST-ZIP			eadows Bl				
CITY-ST-ZIP	ļ	BEACH, FL 32174		Ø				ond Beac	h, FL 321	. 74	C) 05	YY , 2200	
TITLE .	P Robin	Prewitt		ADD	TITLE NAME		D	D-+	1.		Change	X Addition	
STREET ADDRESS	F	moka Meadows E	Blvd.			1 address	I	gan, Bet	n eadows Bl	wd			
CITY-ST-ZIP	Ormond	Beach, FL 321	74		CITY-	SI-ZIP	1		h. FL 321				

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 supplied mental 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 receive/for 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 appears, with all pther like empowered.

SIGNATURE:

SIGNATURE AND TY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #