

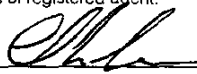
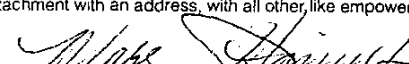


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90212 015 \*\*\*\*61.25

<b>DOCUMENT # 749022</b> 1. Entity Name <b>TOMOKA MEADOWS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>123 TOMOKA MEADOWS BLVD. ORMOND BEACH, FL 32174-4442</b>			Mailing Address <b>123 TOMOKA MEADOWS BLVD. ORMOND BEACH, FL 32174-4442</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>1034 RIDGEWOOD AVE STE 1</b> Suite, Apt. #, etc.		<b>40037562</b> 	
City & State Zip		City & State <b>HOLLY HILL FL</b> Zip <b>32117</b>		4. FEI Number <b>59-2047021</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PARKES, KAREN D 3511 S. PENINSULA DRIVE DAYTONA BEACH, FL 32127</b>			7. Name and Address of New Registered Agent Name <b>TYLER PROPERTY MANAGEMENT LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1034 RIDGEWOOD AVE STE 1</b> City <b>HOLLY HILL</b> FL Zip Code <b>32117</b>		
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  <b>Chris Connors</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>2-29-2008</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTHAM, RAY 7 TOMOKA MEADOWS BLVD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAY BENTHAM 7 TOMOKA MEADOWS BLVD. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIBBY, COLLEEN 58 TOMOKA MEADOWS BLVD. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUZANNE SCHININA 71 TOMOKA MEADOWS BLVD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, MARY 106 TOMOKA MEADOWS BLVD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY HAMILTON 106 TOMOKA MEADOWS BLVD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERMAN, JOYCE 75 TOMOKA MEADOWS BLVD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOYCE SHERMAN 75 TOMOKA MEADOWS BLVD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTER, JOANNE 28 TOMOKA MEADOWS BLVD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANNE BASTER 28 TOMOKA MEADOWS BLVD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, BETH 27 TOMOKA MEADOWS BLVD. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			2-13-08 386677-7329		