2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#749022

FILED Mar 08, 2009 Secretary of State

Entity Name: TOMOKA MEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
	OKA MEADOV BEACH, FL				
Current Mailing Address:			New Mailing	New Mailing Address:	
	GE WOOD AV A BEACH, FL				
FEI Number	: 59-2047021	FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and A	address of New Registered Agent:	
TYLER PROPERTY MGMT LLC 1034 RIDGE WOOD AVE STE 1 DAYTONA BEACH, FL 32117 US			1034 RIDGE	TYLER PROPERTY MGMT LLC 1034 RIDGE WOOD AVE STE 1 HOLLY HILL, FL 32117 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its	registered office or registered agent, or both,	
SIGNATURE:				03/08/2009	
	Electro	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	BENTHAM, RA 7 TOMOKA MI) Delete .Y EADOWS BLVD ACH, FL 32174	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHININA, SU 71 TOMOKA N) Delete ZANNE 1EADOWS BLVD ACH, FL 32174	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HAMILTON, M	MEADOWS BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SHERMAN, JO 75 TOMOKA N) Delete DYCE MEADOWS BLVD NCH, FL 32174	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BAXTER, JOA 28 TOMOKA N) Delete NNE IEADOWS BLVD NCH, FL 32174	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Name: S Address: 4	D () Change (X) Addition SERGY, TAMMERA 46 TOMOKA MEADOWS BLVD ORMOND BEACH, FL 32174	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY BENTHAM P 03/08/2009