

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90322 043 \*\*\*\*61.25

**DOCUMENT # 750153**

1. Entity Name  
**ESCONDIDO AT TOMOKA CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**A1A TAX & BOOKS  
55 LONGWOOD DR.  
ORMOND BEACH, FL 32118 US**

Mailing Address  
**A1A TAX & BOOKS  
55 LONGWOOD DR.  
ORMOND BEACH, FL 32118 US**

**66019251**



03252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2018072**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**A1A TAX & BOOKKEEPING INC.  
55 LONGWOOD DRIVE  
ORMOND BEACH, FL 32176**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
WHEELER, PAUL  
PO BOX 1607  
WOLFEBORO, NH 03894**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
FINN, JOHN  
1 TOMOKA OAKS #129  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SD  
HANBACK, LEONARD  
1 TOMOKA OAKS, #128  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
FANS, DONALD  
1 TOMOKA OAKS BLVD #120  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**T  
RUDMAN, MARGARET  
1 TOMOKA OAKS BLVD #116  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

*Don Fohn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/11/05*

Date

Daytime Phone #