2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State
05-01-2006 90301 028 ****61.25

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DOCUMENT # 750153

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

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

03232006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Robert P. McDonnell and Assoc	Robert P. McDonnell and Assoc
Suite, Apt. #, etc. 525 Shadow Lakes Blvd	Suite, Apt. #, etc. 525 Shadow Lakes Blvd
City & State Ormond Beach FL	City & State Ormond Beach, FL
Zip 32174 Country USA	Zip 32174 Country USA

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

7. Name and Address of New Registered Agent

Name: Robert P. McDonnell and Associates
Street Address (P.O. Box Number is Not Acceptable): 525 Shadow Lakes Blvd
City: Ormond Beach FL Zip Code: 32174

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: Robert P. McDonnell & Assoc. Robert P. McDonnell 06/05/06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHELLER, PAUL PO BOX 1607 WOLFEBORO, NH 03894	☒ Delete	P D Crehan, Mike 1 Tomoka Oaks #110 Ormond Beach, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINN, JOHN 1 TOMOKA OAKS #129 ORMOND BEACH, FL 32174	☒ Delete	SD Ridinger, Thornton 1 Tomoka Oaks #114 Ormond Beach, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANBACK, LEONARD 1 TOMOKA OAKS, #128 ORMOND BEACH, FL 32174	☒ Delete	T D Dereaux, Elsia 1 Tomoka Oaks #134 Ormond Beach, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FANS, DONALD 1 TOMOKA OAKS BLVD #120 ORMOND BEACH, FL 32174	☒ Delete	D Grelecki, Jane 1 Tomoka Oaks #106 Ormond Beach, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUDMAN, MARGARET 1 TOMOKA OAKS BLVD #116 ORMOND BEACH, FL 32174	☒ Delete	D Crump, Emmett R 1 Tomoka Oaks Blvd #117 Ormond Beach, FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Thornton J. Ridinger Thornton J. Ridinger 3/24/06 (386)677-2312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #