## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT #750153**

1. Entity Name

ESCONDIDO AT TOMOKA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ROBERT P. MCDONNELL AND ASSOC. 525 SHADOW LAKES BLVD ORMOND BEACH, FL 32174 US ROBERT P. MCDONNELL AND ASSOC. 525 SHADOW LAKES BLVD ORMOND BEACH, FL 32174 US

### FILED Apr 28, 2008 08:00 AN Secretary of State



#### DO NOT WRITE IN THIS SPACE

01052008 No Chg-NP

CR2E037 (4/06)

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

ROBERT P. MCDONNELL AND ASSOC. 525 SHADOW LAKES BLVD ORMOND BEACH, FL 32174

# 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						
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREHAN, MIKE 1 TOMOKA OAKS #110 ORMOND BEACH, FL 32174				.U00000924520 05/19/08-80004-021 61.25	
TRILE NAME STREET ADDRESS CITY-ST-ZIP	SD RIDINGER, THORNTON 1 TOMOKA OAKS #114 ORMOND BEACH, FL 32174					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEROUAUX, ELOISA 1 TOMOKA OAKS #134 ORMOND BEACH, FL 32174			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRELECKI, JANE 1 TOMOKA OAKS #106 ORMOND BEACH, FL 32174			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	D CRUMP, EMMETT R 1 TOMOKA OAKS #117 ORMOND BEACH, FL 32174				green area and an area and are	
TITLE NAME STREET ADDRESS	TERROR STATE OF THE STATE OF TH	Line Commence	;; (*)	\$3.00 x 19.00 8-1-5 1 1 1 1 1	:	
CITY-ST-ZIP				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

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:** 

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Apr. 1 26,2008

386-1077-5698