2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 750153

Entity Name: ESCONDIDO AT TOMOKA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2018072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CREHAN, MIKE
Address: 1 TOMOKA OAKS #110
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete
Name: RIDINGER, THORNTON
Address: 1 TOMOKA OAKS #114
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete
Name: DEROUAUX, ELOISA
Address: 1 TOMOKA OAKS #134
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: GRELECKI, JANE
Address: 1 TOMOKA OAKS #106
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: CRUMP, EMMETT R
Address: 1 TOMOKA OAKS #117
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MIKE CREHAN PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date