

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750153

FILED
Sep 03, 2010
Secretary of State

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
Name: CREHAN, MIKE
Address: 1 TOMOKA OAKS #110
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL CREHAN

PRES

09/03/2010

Electronic Signature of Signing Officer or Director

Date