

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90121 028 ****61.25

DOCUMENT # N01000003193

1. Entity Name
**TOHO COUNTRY ESTATES COMMUNITY ASSOCIATION,
INC.**



Principal Place of Business

**3600 VINELAND RD
SUITE 101
ORLANDO, FL 32811**

Mailing Address

**3600 VINELAND RD
SUITE 101
ORLANDO, FL 32811**



02152006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3722220

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARKER, EARL M JR
SLOTT & BARKER
334 E DUVAL ST
JACKSONVILLE, FL 32202**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WEBB, DANIEL B
STREET ADDRESS	3600 VINELAND RD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	DVP
NAME	WEBB, WILLIAM C JR
STREET ADDRESS	1300 NW 167TH STREET
CITY-ST-ZIP	MIAMI, FL 331695738
TITLE	DS
NAME	BARKER, EARL M JR
STREET ADDRESS	334 E DUVAL STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-06 407-841-1414