2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N11924

Entity Name: BAYMEADOWS AT TOMOKA OAKS, INC.

Current Principal Place of Business:

84 S. BEACH STREET
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

84 S. BEACH STREET
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2959645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURRAY, JAMES
48 SYCAMORE CIRCLE
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: LOMBARDO, ANTHONY S
Address: 111-A EXECUTIVE CIR.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P ( ) Delete
Name: MURRAY, JAMES
Address: 48 SYCAMORE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: PELLA, JANET
Address: 596 N. NOVA RD #305
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: MEAD, JOAN
Address: 596 N. NOVA RD #309
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HARKNESS, BARBARA S
Address: 596 N. NOVA ROAD #310
City-St-Zip: ORMOND BEACH, FL 32174

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: D ( ) Change (X) Addition
Name: ROBERTSON, MARY
Address: 14 N. RAVENSFIELD LANE
City-St-Zip: ORMOND BEACH, FL 32174

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: JAMES MURRAY P 03/23/2009

Electronic Signature of Signing Officer or Director — Date