

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N16708

1. Entity Name
TOMOKA VILLAS, INC.



Principal Place of Business
**% JOSEPH VICARI
5520 ROCKWOOD AVENUE
ORLANDO, FL 32839 US**

Mailing Address
**P.O. BOX 568193
ORLANDO, FL 32856 US**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VICARI, JOSEPH
5520 ROCKWOOD AVENUE
ORLANDO, FL 32839**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1107000173833
01/13/05-80032-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VICARI, JOSEPH
STREET ADDRESS	5520 ROCKWOOD AVENUE
CITY-ST-ZIP	ORLANDO, FL

TITLE	SD
NAME	TOMASZEWSKI, ISABEL
STREET ADDRESS	621 DEERWOOD AVENUE
CITY-ST-ZIP	ORLANDO, FL 32839

TITLE	VPD
NAME	PARRISH, VIKKI
STREET ADDRESS	7385 COSINE AVE.
CITY-ST-ZIP	ORLANDO, FL 32812

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Joseph Vicari - Pres *Joseph Vicari - Pres* 1/17/05