

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 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**



05052006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000564242
05/20/06-80055-012 61.25

**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 #

5/5/06 407-832-7646