

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
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



04252007 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 <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, 2007**

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

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CITY-ST-ZIP

U000000747401
05/17/07-80024-008 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

4/26/07

Date

407-859-6481

Daytime Phone #