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FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N48891 (8)

1. Corporation Name:

TOMOKA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% VIRGINIA G. PHILLIPS  
20 TOMOKA VIEW DRIVE  
ORMOND BEACH FL 32174  
US% VIRGINIA G. PHILLIPS  
20 TOMOKA VIEW DRIVE  
ORMOND BEACH FL 32174-3852  
US3. Date Incorporated or Qualified  
05/11/19923a. Date of Last Report  
01/31/19964. FEI Number  
59-1992568Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKS, BLANCHE  
103 N ST ANDREWS DR  
ORMOND BEACH FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME MALAFRONT, GLENDA  
STREET ADDRESS 2 WATERFRONT CT.  
CITY - ST - ZIP ORMOND BEACH FL1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Jones, Debbie  
1.3 STREET ADDRESS 23 Pebble Beach Dr  
1.4 CITY - ST - ZIP Ormond Beach FL 32174TITLE DV ☐ DELETE  
NAME JONES, DEBBIE  
STREET ADDRESS 25 PEBBLE BEACH DR  
CITY - ST - ZIP ORMOND BEACH FL2.1 TITLE Holbrook, Cherrie DV ☒ Change ☐ Addition  
2.2 NAME Holbrook, Cherrie  
2.3 STREET ADDRESS 208 Rio Pinar  
2.4 CITY - ST - ZIP Ormond Beach FL 32174TITLE DS ☐ DELETE  
NAME PITTS, CAROL  
STREET ADDRESS 43 OAKMONT CIRCLE  
CITY - ST - ZIP ORMOND BEACH FL3.1 TITLE DS ☒ Change ☐ Addition  
3.2 NAME Wells, Vivian  
3.3 STREET ADDRESS 60 N. St. Andrews Dr.  
3.4 CITY - ST - ZIP Ormond Beach, FL 32174TITLE DT ☐ DELETE  
NAME PHILLIPS, VIRGINIA  
STREET ADDRESS 20 TOMOKA VIEW DRIVE  
CITY - ST - ZIP ORMOND BEACH FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia G. Phillips Virginia G. Phillips

1-11-97

904 672-1565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8003316

CR2E037 (9/96)