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**Feb 26, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N48891**

1. Corporation Name

**TOMOKA OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

% VIRGINIA G. PHILLIPS  
20 TOMOKA VIEW DRIVE  
ORMOND BEACH FL 32174  
US

Mailing Address

% VIRGINIA G. PHILLIPS  
20 TOMOKA VIEW DRIVE  
ORMOND BEACH FL 32174  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/11/1992

4. FEI Number

59-1992568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **GAYMES, JEANIE**  
STREET ADDRESS **306 RIVER BLUFF DR.**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **DV** ☐ DELETE

NAME **HOLBROOK, CHERRIE**  
STREET ADDRESS **208 RIO PINAR**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **DS** ☐ DELETE

NAME **DEDO, DIANE**  
STREET ADDRESS **16 OAKMONTE CIR.**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **DT** ☐ DELETE

NAME **PHILLIPS, VIRGINIA**  
STREET ADDRESS **20 TOMOKA VIEW DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **Vivian Wells**  
1.3 STREET ADDRESS **60 N. St. Andrews**  
1.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

2.1 TITLE **DV** ☐ Change ☐ Addition

2.2 NAME **Jeannie Ball**  
2.3 STREET ADDRESS **3 Eagle Dr.**  
2.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Virginia G. Phillips* **SIGNATURE REQUIRED**

1-26-99

904 672-1565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)