

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48891

1. Entity Name

TOMOKA OAKS HOMEOWNERS ASSOCIATION, INC.

FILED

Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90014 001 ****61.25

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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1992568

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME GAYMES, JEANIE
STREET ADDRESS 306 RIVER BLUFF DR.
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE DP
NAME Vivian Wells
STREET ADDRESS 60 N. St. Andrews
CITY-ST-ZIP Ormond Beach, FL 32174 ☒ Change ☐ Addition

TITLE DV
NAME HOLBROOK, CHERRIE
STREET ADDRESS 208 RIO PINAR
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE DV
NAME Jeannie Ball
STREET ADDRESS 3 Eagle Drive
CITY-ST-ZIP Ormond Beach, FL 32174 ☒ Change ☐ Addition

TITLE DS
NAME DEDO, DIANE
STREET ADDRESS 16 OAKMONTE CIR.
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME PHILLIPS, VIRGINIA
STREET ADDRESS 20 TOMOKA VIEW DRIVE
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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: Virginia G. Phillips 1/5/00 904 672-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #