DOCUMENT # 1 . Entity Name TOMOKA OAKS HOME	V48891 COWNERS ASSOCIATION, INC	C.	Jan Sec	FILED 11, 2001 8:00 am cretary of State
rincipal Place of Business 6 VIRGINIA G. PHILLIPS 0 TOMOKA VIEW DRIVE PRMOND BEACH FL 32174	, Mailing Address % VIRGINIA G. F 20 TOMOKA VIE ORMOND BEACH	PHILLIPS W DRIVE		.11-2001 90033 007 ****61.25
S. Principal Place of Business 5 S.St. Andrew Suite, Apt. #, etc.	US 3. Mailing Addre	S. Androus Dr		DT WRITE IN THIS SPACE
Oity & State Beach	FL Ormond		4. FEI Number 59-198	92568 Applied For Not Applicable
32174 US	32174	VŠĀ	5. Certificate of Status De	Fee Required
- 6. Name and A	ddress of Current Registered Agent	Name	~ 7Name and Address of	New neglistered Agent
PARKS, BLANCHE 103 N ST ANDREWS DR		Street Ad	dress (P.O. Box Number is Not Acc	reptable)
ORMOND BEACH FL 32174	I	City	.* ,	FL Zip Code
The above named entity submi	ts this statement for the purpose of cha		registered agent, or both, in the state	
FILE NOW: FEE IS \$61.2	-Т	campaign Financing d Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
D. C	DEFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 10 ☑ Change ☐ Addition
ME WELLS, VIVIAN REET ADDRESS 60 NORHT ST A ORMOND BEAC	NDREWS	NAME STREET ADDRESS	Ball Jeannie 3 Eagle Drive Ormond Beach, F	
LE DV ME BALL, JENNIE REET ADDRESS 3 EAGLE DRIVE	De	NAME STREET ADDRESS	Vice-President V Denslow, Steve 25 Oakmont Circle	Change Addition
Y-ST-ZIP ORMOND BEAC LE DS DEDO, DIANE REET ADDRESS 16 OAKMONTE	□ De	iete TITLE NAME STREET ADDRESS	Ormand Beach, F	Change Addition
TY-ST-ZIP ORMOND BEAC TLE DT IME PHILLIPS, VIRGII REET ADDRESS 20 TOMOKA VIE TY-ST-ZIP ORMOND BEAC	NIA W DRIVE	CITY-ST-ZIP lete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ables, Judith 755.5t. Andrews Dring Beach	Dr. Addition
LE ME REET ADDRESS IY-ST-ZIP	□ De	lete TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	□ De	lete TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
indicated on this report or sup of the corporation or the recei- changed, or on an attachmen	plemental report is true and accurate a	nd that my signature shall havis report as required by Chapoowered.	ve the same legal effect as if made	atutes. I further certify that the information under oath; that I am an officer or director ny name appears in Block 10 or Block 11 if