


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90117 025 ****61.25

DOCUMENT # N48891 1. Entity Name TOMOKA OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 75 ST ANDREWS DR ORMOND BEACH, FL 32174 US		Mailing Address 75 ST ANDREWS DR ORMOND BEACH, FL 32174 US	
2. Principal Place of Business 92 S. ST ANDREWS DR Suite, Apt. #, etc.		3. Mailing Address 92 S. ST ANDREWS DR Suite, Apt. #, etc.	
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL	
Zip 32174	Country USA	Zip 32174	Country USA
4. FEI Number 59-1992568		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVEY, PATRICK 92 S. ST. ANDREWS DR. ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Patrick N Harvey</u> <small>Signature, typed or printed name of registered agent and true if applicable.</small>		<u>PATRICK N HARVEY</u> <small>(NOTE: Registered Agent signature required when resigning)</small>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME ZIRKELBACH, BILL STREET ADDRESS 328 RIVERBLUFF DR. CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE PD NAME BUTTERFIELD, DAVID STREET ADDRESS 310 RIO PINAR DR. CITY-ST-ZIP ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME BUTTERFIELD, DAVID STREET ADDRESS 310 RIO PINAR DR. CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME KEITT MOORE STREET ADDRESS 24 PINE VALLEY CIRCLE CITY-ST-ZIP ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME DEDO, DIANE STREET ADDRESS 18 OAKMONT CIR CITY-ST-ZIP ORMOND BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME HARVEY, PATRICK STREET ADDRESS 92 S. ST. ANDREWS DR CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Patrick N Harvey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6/14/04</u> Daytime Phone # <u>386 615 0765</u>	