2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90380 030 ****61.25

DOCUMENT # N48891

1. Entity Name
TOMOKA OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
103 N ST ANDREWS DR ORMOND BEACH, FL 32174 US	103 N ST ANDREWS DR ORMOND BEACH, FL 32174 US

40.00

04122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
305 RIO PINAR DRIVE	305 RIO PINAR DR.
Suite, Apt. #, etc.	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 ☐ Not Applicable

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: SHERMAN OVERBY Street Address (P.O. Box Number is Not Acceptable): 305 RIO PINAR DRIVE City: ORMOND BEACH FL Zip Code: 32174

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.

SHERMAN OVERBY

SIGNATURE: Sherman Overby, TREASURER 4/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOORE, KEITT 24 PINE VALLEY CIR ORMOND BEACH, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVID BUTTERFIELD 301 RIO PINAR DR. ORMOND BEACH, FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARVEY, PATRICK 92 S ST ANDREWS DR ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DEDO, DIANE 18 OAKMONT CIR ORMOND BEACH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KATHY SIEDOW 4 EAGLE DRIVE ORMOND BEACH, FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PARKS, BLANCHE 103 N ST ANDREWS DR ORMOND BEACH, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SHERMAN OVERBY 305 RIO PINAR DR. ORMOND BEACH, FL 32174	☒ 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 exemptions contained in Chapter 119, 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: Sherman Overby SHERMAN OVERBY 4/14/06 386-615-6079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #