


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90069 030 ****61.25

DOCUMENT # N48891	
1. Entity Name TOMOKA OAKS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 305 RIO PINAR DR ORMOND BEACH FL 32174 US	Mailing Address 305 RIO PINAR DR ORMOND BEACH FL 32174 US
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2. Principal Place of Business - No P.O. Box # 3 TOMOKA VIEW DR	3. Mailing Address 3 TOMOKA VIEW DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State Ormond Beach, FL	City & State Ormond Beach, FL
Zip 32174	Country USA

4. FEI Number 59-1992568	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OVERBY, SHERMAN 305 RIO PINAR DR ORMOND BEACH FL 32174	7. Name and Address of New Registered Agent Name Pamela E. Brinn Street Address (P.O. Box Number is Not Acceptable) 3 TOMOKA VIEW DR City Ormond Beach FL Zip Code 32174
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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><i>Pamela E. Brinn</i></u> 3-30-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUTTERFIELD, DAVID 301 RIO PINAR DR ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Scott Ryals, Scott 34 TOMOKA OAKS BLVD ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HARVEY, PATRICK 92 S ST ANDREWS DR ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KING, Beth 40 N. St. Andrews Dr Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SIEDOW, KATHY 4 EAGLE DR ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CRUZ, GINA 57 S. St. Andrews Drive ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT OVERBY, SHERMAN 305 RIO PINAR DR ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BRINN, Pamela 3 Tomoka View Dr Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Section 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: <u><i>Pamela E. Brinn</i></u> 3/30/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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Pamela E. Brinn, Treasurer
Tomoka Oaks Homeowner's Association
c/o 3 Tomoka View Drive
Ormond Beach, Florida 32174

ATTACHMENT

40053845

Division of Corporations
Annual Report Section
Post Office Box 6850
Tallahassee, Florida 32314

RE: Annual Not-For-Profit Corporation Annual Report
Tomoka Oaks Homeowner's Association, Inc.
FEI # 59-1992368
Document # N48891

To Whom It May Concern:

Enclosed please find the following:

1. Our check # 180 i/a/o \$61.25 representing payment for the above referenced;
2. Our annual report reflecting the change of officers.

The changes are as follows:

President	Ryals, Scott 24 Tomoka Oaks Boulevard Ormond Beach, Florida 32174
Vice President	King, Beth 40 North St. Andrews Drive Ormond Beach, Florida 31274
Secretary	Cruz, Gina 57 South St. Andrews Drive Ormond Beach, Florida 32174
Treasurer	Pamela Brinn 3 Tomoka View Drive Ormond Beach, Florida 32174

If you should have any questions or concerns you can reach me at 386-677-8724.

Sincerely,



Pamela Brinn
Treasurer, Tomoka Oaks Homeowners Association

/peb
Encl