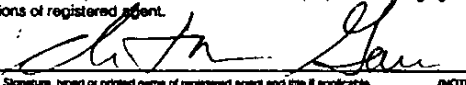
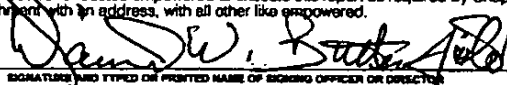


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2008 8:00 am
Secretary of State

02-14-2008 90016 026 ****61.25

DOCUMENT # N48891			
1. Entity Name TOMOKA OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3 TOMOKA VIEW DR ORMOND BEACH, FL 32174 US		Mailing Address 3 TOMOKA VIEW DR ORMOND BEACH, FL 32174 US	
2. Principal Place of Business - No P.O. Box # C/O		3. Mailing Address 115 N. ST. Andrews Dr.	
Suite, Apt. #, etc. 115 N. ST. Andrews Dr.		Suite, Apt. #, etc.	
City & State Ormond Bch FL		City & State Ormond Bch FL	
Zip 32174		Zip 32174	
Country		Country	
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 BRINN, PAMELA E 3 TOMOKA VIEW DR ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name: CHRISTINE Goudreau Street Address (P.O. Box Number is Not Acceptable) 115 N. ST. Andrews Dr. City: Ormond Bch 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. SIGNATURE:  CHRISTINE Goudreau DATE: 3/9/08 (NOTE: Registered Agent signature required when resigning)			
Filing Fee is \$61.25 Due by May 1, 2008		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 RYALS, SCOTT 24 TOMOKA OAKS BLVD ORMOND BEACH, FL 32174 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID BUTTERFIELD 301 RIO PINAR DR ORMOND BEACH, FL 32174 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KING, BETH 40 N. 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 CRUZ, GINA 57 S ST. ANDREWS DRIVE ORMOND BEACH, FL 32174 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN RIVERA 37 NO. ST. ANDREWS DR ORMOND BEACH, FL 32174 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRINN, PAMELA 3 TOMOKA VIEW DR ORMOND BEACH, FL 32174 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Goudreau, CHRISTINE 115 N. ST. Andrews Dr. Ormond Bch, 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: 		Date: Jan 30, 2008 Daytime Phone #: 386-615-8099	

paid check #
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