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	Mailing Address
3 TOMOKA VIEW DR ORMOND BEACH, FL 32174 US	3 TOMOKA VIEW DR ORMOND BEACH, FL 32174 US

01112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O	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 Country	Zip: 32174 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 3/9/08
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, 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	☒ Change ☐ Addition DAVID BUTTERFIELD 301 RIO PINAR DR ORMOND BEACH, FL 32174
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	SUSY RIVERA ☒ Change ☐ Addition 37 NO. ST. ANDREWS DR ORMOND BEACH FL 32174
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	DT ☒ Change ☐ Addition GOUDREAU, CHRISTINE 115 N. ST. ANDREWS DR. ORMOND Bch, FL 32174
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: DAVID W. BUTTERFIELD Jan 30, 2008 386-615-8099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Paid check # 227