

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48891

FILED
Feb 05, 2009
Secretary of State

Entity Name: TOMOKA OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O
115 N. ST. ANDREWS DR.
ORMOND BEACH, FL 32174 US

Current Mailing Address:

115 N ST. ANDREWS DR.
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

C/O
36 NORTH SAINT ANDREWS DR
ORMOND BEACH, FL 32174 US

New Mailing Address:

C/O
36 NORTH SAINT ANDREWS DR
ORMOND BEACH, FL 32174 US

FEI Number: 59-1992568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOUDREAU, CHRISTINE
1115 N. ST. ANDREWS DR.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

NIXON, JOHN H
36 NORTH SAINT ANDREWS DR
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: JOHN H NIXON

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOTTERFIELD, DAVID
Address: 301 RIO PINNAR DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Delete
Name: KING, BETH
Address: 40 N. ST ANDREWS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS () Delete
Name: RIVIAL, SUSYZ
Address: 37 NO. ST. ANDREWS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DT () Delete
Name: GOUDREAU, CHRISTINE
Address: 115 N. ST. ANDREWS DR.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KING, BETH
Address: 40 NORTH SAINT ANDREWS DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD (X) Change () Addition
Name: RIVERS, RICK
Address: 37 NORTH SAINT ANDREWS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS (X) Change () Addition
Name: STANLEY, HOWARD
Address: 42 SOUTH SAINT ANDREWS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DT (X) Change () Addition
Name: NIXON, JOHN H
Address: 36 NORTH SAINT ANDREWS DR
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H NIXON

DT

02/05/2009

Electronic Signature of Signing Officer or Director

Date