

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48891

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** TOMOKA OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1992568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RIVERS, RICK  
Address: 3 SHERWOOD DR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD  
Name: MARA, WENDY  
Address: 13 NOTTINGHAM DR.  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN H NIXON

DT

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date