

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90161 043 ****61.25

DOCUMENT # N48891

1. Entity Name
TOMOKA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**75 ST ANDREWS DR
ORMOND BEACH FL 32174
US**

Mailing Address

**75 ST ANDREWS DR
ORMOND BEACH FL 32174
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

**ABLES, JUDITH
75 S. ST. ANDREWS DR
ORMOND BEACH FL 32174**

Name
Patrick Harvey

Street Address (P.O. Box Number is Not Acceptable)

92 S. St. Andrews Dr.

City

Ormond Beach

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

Judith W. Ables
Signature, typed or printed name of registered agent and title if applicable.

Judith W. Ables
(NOTE: Registered Agent signature required when reinstating)

1/31/03
DATE

FILE NOW: FEE IS \$61.25

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
BALL, JENNIE
3 EAGLE DRIVE
ORMOND BEACH FL 32174** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Zirkelbach, Bill
328 River Bluff Dr.
Ormond Beach, FL 32174** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
ZIRKELBACH, BILL
328 RIVER BLUFF DR
ORMOND BEACH FL 32174** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
David Butterfield
310 Rio Pinar Dr.
Ormond Beach, FL 32174** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
DEDO, DIANE
18 OAKMONT CIR
ORMOND BEACH FL** ☐ Delete **OK**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Patrick Harvey
92 S. St. Andrews Dr.
Ormond Beach, FL 32174** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
ABLES, JUDITH
75 S ST ANDREWS DR
ORMOND BEACH FL 32174** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Patrick Harvey
92 S. St. Andrews Dr.
Ormond Beach, 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 exemption stated in Section 119.07(3)(i), 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:

Judith W. Ables

1/31/03

386-677-7228

CR2E037 (10/02)