FILE NOW: FILING FEE IS $61.25

FILED
Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734279** **(3)**

1. Corporation Name

TARPON WOODS, TANGLEWOOD PATIO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3490 EAST LAKE ROAD SUITE C PALM HARBOR FL 34685 US	% MANAGEMENT & ASSOCIATES PO BOX 1448 PALM HARBOR FL 34682-1448 US

3. Date Incorporated or Qualified: **11/10/1975**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-1716033** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCANNAVION, DOMINICK
3490 EAST LAKE ROAD,SUITE C
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name: JIM NOBLES MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 800 TARPON WOODS BLVD.
83: SUITE F-1
84 City: PALM HARBOR FL 85 Zip Code: 34685

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: JAMES M. NOBLES, PRESIDENT — James M. Nobles — 2-5-97
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HACKNEY, MURIEL		1.2 NAME	OSBORNE, BOBBY	
STREET ADDRESS	1640 PALMER COURT		1.3 STREET ADDRESS	2120 PALMER PLACE	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VPD	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	FRENCH, SALLY		2.2 NAME	PASSER, MEL	
STREET ADDRESS	410 PALMER CIRCLE		2.3 STREET ADDRESS	2020 PALMER WAY	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	PALM HARBOR FL	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JURGENSEN, RUSS		3.2 NAME		
STREET ADDRESS	910 PALMER LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRY, BEALE		4.2 NAME		
STREET ADDRESS	540 PALMER CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MESSEBERG, EVE		5.2 NAME		
STREET ADDRESS	2040 PALMER WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BATES, TOM		6.2 NAME		
STREET ADDRESS	1510 PALMER COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Russell V. Jurgensen AUTHORIZED OFFICER Russell V. Jurgensen 2/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0888817