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95 MAY -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # 756992 (4)

1. Corporation Name
TANGLEWOOD AT SUNTREE COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

**315 TANGLE RUN BLVD
MELBOURNE FL 32940** **315 TANGLE RUN BLVD
MELBOURNE FL 32940**

2. Principal Place of Business 2a. Mailing Address

21 26

Suits, Apt. #, etc. Suits, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

03/30/1981 **01/21/1994**

4. FEI Number Applied For / Not Applicable

59-2405070

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**MOSLEY, CURTIS R.
1221 E. NEW HAVEN AVE.
MELBOURNE FL 32901**

01 Name **Ann Sabelli**

02 Street Address (P.O. Box Number is Not Acceptable) **6939 N. Wickham Rd.**

03

04 City **Melbourne** FL 05 Zip Code **32940**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE *Ann Sabelli* *Ann Sabelli* *CAAM* **4/26/95**

Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME **MAFFEY, BEVERLY**

STREET ADDRESS **305 TANGLE RUN BLVD., #1234**

CITY- ST- ZIP **MELBOURNE FL**

TITLE SD

NAME **DAVIS, MARIAN L.**

STREET ADDRESS **305 TANGLE RUN BL. #1231**

CITY- ST- ZIP **MELBOURNE FL**

TITLE TD

NAME **HAYES, JAMES**

STREET ADDRESS **305 TANGLE RUN BL. #1232**

CITY- ST- ZIP **MELBOURNE FL**

TITLE VD

NAME **HAYES, CAROLYN**

STREET ADDRESS **305 TANGLE RUN BLVD., #1232**

CITY- ST- ZIP **MELBOURNE FL**

TITLE D

NAME **FISHER, MICHELLE**

STREET ADDRESS **2337 BAY CIRCLE**

CITY- ST- ZIP **PALM BEACH GARDENS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition

1.2 NAME **W. R. Shoemaker**

1.3 STREET ADDRESS **Bldg. 315, Unit 1034, Tangle Run**

1.4 CITY- ST- ZIP **Melbourne, FL.**

2.1 TITLE VD Change Addition

2.2 NAME **Keith C. Leech**

2.3 STREET ADDRESS **Bldg. 325, Unit 1123, Tangle Run**

2.4 CITY- ST- ZIP **Melbourne, FL.**

3.1 TITLE STD Change Addition

3.2 NAME **Keith C. Leech**

3.3 STREET ADDRESS **3250 Tangle Run Bldg. #1123**

3.4 CITY- ST- ZIP **Melbourne, FL. 32940**

4.1 TITLE D Change Addition

4.2 NAME **Steven Anderson**

4.3 STREET ADDRESS **Bldg. 315, Unit 1017 Tangle Run**

4.4 CITY- ST- ZIP **Melbourne, FL.**

5.1 TITLE D. Change Addition

5.2 NAME **Marilyn Schacht**

5.3 STREET ADDRESS **Bldg. 315, Unit 1033, Tangle Run**

5.4 CITY- ST- ZIP **Melbourne, FL.**

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W. R. Shoemaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Here)