

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 756992 (4)

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



Principal Place of Business: 315 TANGLE RUN BLVD MELBOURNE FL 32940
Mailing Address: 315 TANGLE RUN BLVD MELBOURNE FL 32940

3. Date Incorporated or Qualified: 03/30/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent
**SABELLI, ANN
6939 N WICKHAM RD
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHOEMAKER, W R	
STREET ADDRESS	BLDG 315 UNIT 1034 TANGLE RUN	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEECH, KEITH C	
STREET ADDRESS	BLDG 325 UNIT 1123 TANGLE RUN	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEECH, KLEO	
STREET ADDRESS	BLDG 325 TANGLE RUN BLVD 1123	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, STEVEN	
STREET ADDRESS	BLDG 315 UNIT 1017 TANGLE RUN	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHACHT, MARILYN	
STREET ADDRESS	BLDG 315 UNIT 1033 TANGLE RUN	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD BROWN, DANIEL
2.3 STREET ADDRESS	TANGLE RUN BLVD., BLDG. 305, UNIT 1228
2.4 CITY - ST - ZIP	MELBOURNE, FL 32940
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD ROOD, KEN
3.3 STREET ADDRESS	TANGLE RUN BLVD., BLDG. 315, UNIT 1014
3.4 CITY - ST - ZIP	MELBOURNE, FL 32940
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D LEECH, KLEO
4.3 STREET ADDRESS	TANGLE RUN BLVD., BLDG. 325, UNIT 1123
4.4 CITY - ST - ZIP	MELBOURNE, FL 32940
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 617, 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 2/23/96 242-8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)