

FILE NOW: FILING FEE IS \$61.25

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Apr 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756992 (4)**

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



Principal Place of Business <b>315 TANGLE RUN BLVD MELBOURNE FL 32940</b>	Mailing Address <b>315 TANGLE RUN BLVD MELBOURNE FL 32940-1827</b>
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3. Date Incorporated or Qualified <b>03/30/1981</b>	3a. Date of Last Report <b>02/29/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>59-2405070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SHOEMAKER, W R</b>	
STREET ADDRESS	<b>BLDG 315 UNIT 1034 TANGLE RUN</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BROWN, DANIEL</b>	
STREET ADDRESS	<b>TANGLE RUN BLVD, BLDG 305, UNIT 1228</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>ROOD, KEN</b>	
STREET ADDRESS	<b>TANGLE RUN BLVD, BLDG 315, UNIT 1014</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>LEECH, KLEO</b>	
STREET ADDRESS	<b>TANGLE RN BLVD, BLDG 325, UNIT 1123</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SCHACHT, MARILYN</b>	
STREET ADDRESS	<b>BLDG 315 UNIT 1033 TANGLE RUN</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROOD, KEN</b>	
1.3 STREET ADDRESS	<b>TANGLERUN BLVD. BLDG. 315 UNIT 1014</b>	
1.4 CITY-ST-ZIP	<b>MELBOURN3, FL 32940</b>	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MOORE, FREEMAN</b>	
2.3 STREET ADDRESS	<b>315 TANGLERUN BLVD. #1031</b>	
2.4 CITY-ST-ZIP	<b>MELBOURN3, FL 32940</b>	
3.1 TITLE	S/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SHEARA, FRANK</b>	
3.3 STREET ADDRESS	<b>38 PEACHTREE LANE</b>	
3.4 CITY-ST-ZIP	<b>LITTLE SILVER, N.J. 07739</b>	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>REOKENBERGER, MARTIN</b>	
4.3 STREET ADDRESS	<b>315 TANGLE RUN BLVD. # 1025</b>	
4.4 CITY-ST-ZIP	<b>MELBOURN3, FL 32940</b>	
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 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: Kenneth R. Rood **3-28-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019792

CR2E037 (9/96)