


FILE NOW: FILING FEE IS \$61.25

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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 315 TANGLE RUN BLVD MELBOURNE FL 32940	Mailing Address 315 TANGLE RUN BLVD MELBOURNE FL 32940
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3. Date Incorporated or Qualified 03/30/1981		
4. FEI Number 59-2405070	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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 checked="" type="checkbox"/> DELETE
NAME	SHOEMAKER, W R	
STREET ADDRESS	BLDG 315 UNIT 1034 TANGLE RUN	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, DANIEL	
STREET ADDRESS	TANGLE RUN BLVD, BLDG 305, UNIT 1228	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROOD, KEN	
STREET ADDRESS	TANGLE RUN BLVD, BLDG 315, UNIT 1014	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEECH, KLEO	
STREET ADDRESS	TANGLE RN BLVD, BLDG 325, UNIT 1123	
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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOORE, FREEMAN
2.3 STREET ADDRESS	315 TANGLE RUN BLVD. #1031
2.4 CITY-ST-ZIP	MELBOURNE, FL 32940
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHACHT, MARILYN
5.3 STREET ADDRESS	BLDG 315 UNIT 1033 TANGLE RUN
5.4 CITY-ST-ZIP	MELBOURNE, FL 32940
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 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* **3-9-98** **259-2951**

CR2E037 (10/97)