FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756992

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	3. Date Incorporated or Qualifed
21	26	03/30/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number / Applied For
22	27	59-2405070 / Not Applicable
City & State	City & State	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
23	28	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
24 / 25	29 / 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SABELLI, ANN 6939 N WICKHAM RD MELBOURNE FL 32940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City — FL — 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 _____
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 **VD** ☐ DELETE		1.1 TITLE	☒ Change	☐ Addition
NAME **MOORE, FREEMAN**		1.2 NAME *MOORE, FREEMAN*		
STREET ADDRESS **315 TANGLE RN BLVD SUITE 1031**		1.3 STREET ADDRESS *315 TANGLERUN BLVD. #1031*		
CITY-ST-ZIP **MELBOURNE FL 32940**		1.4 CITY-ST-ZIP *MELBOURNE, FL 32940*		
TITLE **PD** ☐ DELETE		2.1 TITLE	☐ Change	☐ Addition
NAME **ROOD, KEN**		2.2 NAME		
STREET ADDRESS **TANGLE RUN BLVD, BLDG 315, UNIT 1014**		2.3 STREET ADDRESS		
CITY-ST-ZIP **MELBOURNE FL**		2.4 CITY-ST-ZIP		
TITLE **D** ☐ DELETE		3.1 TITLE	☐ Change	☐ Addition
NAME **LEECH, KLEO**		3.2 NAME		
STREET ADDRESS **TANGLE RN BLVD, BLDG 325, UNIT 1123**		3.3 STREET ADDRESS		
CITY-ST-ZIP **MELBOURNE FL**		3.4 CITY-ST-ZIP		
TITLE **TD** ☐ DELETE		4.1 TITLE	☐ Change	☐ Addition
NAME **SCHACHT, MARILYN**		4.2 NAME		
STREET ADDRESS **BLDG 315 UNIT 1033 TANGLE RN**		4.3 STREET ADDRESS		
CITY-ST-ZIP **MELBOURNE FL 32940**		4.4 CITY-ST-ZIP		
TITLE ☐ DELETE		5.1 TITLE *VPD*	☐ Change	☒ Addition
NAME		5.2 NAME *HOEFLICH, FRANK*		
STREET ADDRESS		5.3 STREET ADDRESS *315 TANGLERUN BLVD #1118*		
CITY-ST-ZIP		5.4 CITY-ST-ZIP *MELBOURNE, FL 32940*		
TITLE ☐ DELETE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE: _____ 4-30-99 407-254-0478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)