

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90016 022 \*\*\*\*61.25

**DOCUMENT # 756992**

1. Entity Name

**TANGLEWOOD AT SUNTREE COUNTRY CLUB CONDOMINIUM A**

Principal Place of Business

Mailing Address

**315 TANGLE RUN BLVD  
 MELBOURNE FL 32940**

**315 TANGLE RUN BLVD  
 MELBOURNE FL 32940-1827**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2405070**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SABELLI, ANN  
 6939 N WICKHAM RD  
 MELBOURNE FL 32940**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |  |
|----------------|---|--|
| TITLE          | <b>D</b>                                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MOORE, FREEMAN</b>                       |  |
| STREET ADDRESS | <b>315 TANGLE RN BLVD SUITE 1031</b>        |  |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32940</b>                   |  |
| TITLE          | <b>PD</b>                                   | <input checked="" 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          | <b>D</b>                                    | <input checked="" 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          | <b>TD</b>                                   | <input type="checkbox"/> Delete            |
| NAME           | <b>SCHACHT, MARILYN</b>                     |  |
| STREET ADDRESS | <b>BLDG 315 UNIT 1033 TANGLE RN</b>         |  |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32940</b>                   |  |
| TITLE          | <b>VD</b>                                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HOEFICK, FRANK</b>                       |  |
| STREET ADDRESS | <b>315 TANGLERON BLVD., #1118</b>           |  |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32940</b>                   |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Joseph Ciaramiara</b>           |  |
| STREET ADDRESS | <b>305 Tangle Run Blvd. #1223</b>  |  |
| CITY-ST-ZIP    | <b>Melbourne, FL 32940</b>         |  |
| TITLE          | <b>TD</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Isobel Bassett</b>              |  |
| STREET ADDRESS | <b>315 Tangle Run Blvd. # 1015</b> |  |
| CITY-ST-ZIP    | <b>Melbourne, FL 32940</b>         |  |
| TITLE          | <b>SD</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Beverly Maffey</b>              |  |
| STREET ADDRESS | <b>305 Tangle Run Blvd. # 1234</b> |  |
| CITY-ST-ZIP    | <b>Melbourne, FL 32940</b>         |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Isobel Bassett* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**20 MARCH 2000**  
 Date Daytime Phone #

CR2E037 (9/99)