

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90043 020 ****61.25

DOCUMENT # 756992

1. Entity 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

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



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

SABELLI, ANN
 6939 N WICKHAM RD
 MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name FRANCIS M. STEWART CPA
 Street Address (P.O. Box Number is Not Acceptable)
6939 N. WICKHAM RD
 City MELBOURNE FL Zip Code 32940

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAFFEY, BEV 305 TANGLERUN BLVD #1234 MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCLAIN, VIKKI 325 TANGLERUN BLVD #1133 MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, MARIAN 305 TANGLE RUN BLVD #1231 MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORRAINE, KIRK 325 TANGLERUN BLVD #1125 MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITZELL, DAVE 305 TANGLERUN BLVD #1217 MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORRAINE KIRK 325 TANGLE RUN BLVD #1125 MELBOURNE FL 32940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLAIN VIKKI 325 TANGLE RUN BLVD #1133 MELBOURNE FL 32940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOAN OSTRANDER 305 TANGLE RUN BLVD #1224 MELBOURNE FL 32940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ISOBEL BASSETT 315 TANGLE RUN BLVD #1015 MELBOURNE FL 32940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITZELL DAVE 305 TANGLE RUN BLVD #1217 MELBOURNE FL 32940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8th MARCH 2004
 Date

Daytime Phone #