

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90011 031 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number **59-2405070**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEWART, FRANCIS M CPA
6939 N WICKHAM RD.
MELBOURNE FL 32940

7. Name and Address of New Registered Agent
 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. 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, 2008

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	D	<input type="checkbox"/> Delete
NAME	BURNETT, ALMA	
STREET ADDRESS	305 TANGLE RUN BLVD 1228	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATSON, PAULINE	
STREET ADDRESS	325 TANGLE RUN BLVD 1123	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	PO	<input type="checkbox"/> Delete
NAME	MILLER, ARTHUR	
STREET ADDRESS	325 TANGLE RUN BLVD #1228	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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		
TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ARTHUR	
STREET ADDRESS	325 TANGLE RUN BLVD 1123	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ANNA	
STREET ADDRESS	325 TANGLE RUN BLVD 1123	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINCLAIR, ROBERT	
STREET ADDRESS	315 TANGLE RUN BLVD 1021	
CITY-ST-ZIP	MELBOURNE FL 32940	
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 exemptions contained in Section 119, 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: *Arthur Miller* **ARTHUR MILLER, PRES** **3/4/08** **321 543 1580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #