

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10491 (1)

TANGLEWOOD VILLAS OF LELY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: C/O R. & P. MANAGEMENT, 265 AIRPORT RD S, NAPLES FL 33962
Mailing Address: C/O R. & P. MANAGEMENT, 265 AIRPORT RD S, NAPLES FL 33962

3. Date Incorporated or Qualified: **07/31/1985**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2629753**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: **R AND P MANAGEMENT ASS, 265 AIRPORT ROAD SOUTH, NAPLES FL 33942**
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code: **FL**

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUGAN, HAL	1.2 NAME	
STREET ADDRESS	440 ST. ANDREWS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRANTL, HENRY (RICK)	2.2 NAME	Charles Tholen
STREET ADDRESS	ST ANDREWS BLVD	2.3 STREET ADDRESS	114 Quail Hollow Court
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 33962
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSEN, RUSSELL	3.2 NAME	Robert Noe
STREET ADDRESS	456 ST ANDREWS BLVD	3.3 STREET ADDRESS	107 Quail Hollow Court
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33962
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, WILLIAM	4.2 NAME	
STREET ADDRESS	462 ST ANDREWS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, GRACE	5.2 NAME	John McCurdy
STREET ADDRESS	118 QUAIL HOLLOW COURT	5.3 STREET ADDRESS	104 Bermuda Dunes CT
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 33962
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Hajducky	6.2 NAME	Clay Ezell
STREET ADDRESS	108 Quail Hollow Court	6.3 STREET ADDRESS	411 ST ANDREWS Blvd
CITY-ST-ZIP	Naples, FL 33962	6.4 CITY-ST-ZIP	Naples, FL 33962

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William R. Patterson DATE: 4/23/96 TIME PHONE #: 941/643-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)