

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90145 023 \*\*\*\*61.25

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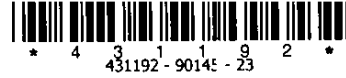
NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N10491**

1. Corporation Name  
**TANGLEWOOD VILLAS OF LELY HOMEOWNERS' ASSOCIATION, INC.**



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/31/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2629753
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
34104	34104	6. Election Campaign Financing <input type="checkbox"/>
29	30	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	

R AND P MANAGEMENT ASS  
 265 AIRPORT ROAD SOUTH  
 NAPLES FL 33962

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 34104
83	
84 City	

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]* DATE: 4/22/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	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	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES THOLEN	2.2 NAME	
STREET ADDRESS	114 QUAIL HOLLOW COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY CHISM	3.2 NAME	
STREET ADDRESS	106 QUAIL HOLLOW CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYBLE, JANE	4.2 NAME	
STREET ADDRESS	103 BERMUDA DUNES CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW HAJDUCKS	5.2 NAME	ANDREW HAJDUCKS
STREET ADDRESS	108 QUAIL HOLLOW COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: 4-9-99 DAYTIME PHONE #: 793-8442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)