

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N10491

Entity Name: TANGLEWOOD VILLAS OF LELY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O R. & P. MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R. & P. MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-2629753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R & P PROPERTY M ANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: VIRGIL, SHOCKLEY
Address: 116 QUAIL HOLLOW CT
City-St-Zip: NAPLES, FL 34113

Title: TD () Delete
Name: RUSSELL, BENSON
Address: 456 ST. ANDREW BLVD.
City-St-Zip: NAPLES, FL 34113

Title: S () Delete
Name: DUDLEY CHISM,
Address: 106 QUAIL HOLLOW CT
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: WHITE, KATHERINE
Address: 104 QUAIL HOLLOW CT
City-St-Zip: NAPLES, FL 34113

Title: P () Delete
Name: HAJDUCKY, ANDREW
Address: 108 QUAIL HOLLOW COURT
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: RUSCH, DAVID
Address: 107 BERMUDA DUNES CT
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BENSON, RUSSELL
Address: 456 ST. ANDREW BLVD.
City-St-Zip: NAPLES, FL 34113

Title: S (X) Change () Addition
Name: CHISM, DUDLEY
Address: 106 QUAIL HOLLOW CT
City-St-Zip: NAPLES, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW HAJDUCKY

PD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date