

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10491

FILED  
Apr 09, 2009  
Secretary of State

**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: RUSCH, DAVID  
Address: 107 BERMUDA DUNES COURT  
City-St-Zip: NAPLES, FL 34113

Title: TD      ( ) Delete  
Name: CORNETT, BARBARA  
Address: 102 QUAIL HOLLOW CT  
City-St-Zip: NAPLES, FL 34113

Title: SD      ( ) Delete  
Name: CHISM, DUDLEY  
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: PD      ( ) Delete  
Name: HAJDUCKY, ANDREW  
Address: 108 QUAIL HOLLOW CT  
City-St-Zip: NAPLES, FL

Title: D      ( ) Delete  
Name: SHOCKLEY, VIRGIL  
Address: 142 PINEHURST CT  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 exemption stated in Chapter 119, 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

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date