

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

04-21-2006 90125 028 ***150.00

DOCUMENT # P05000033742 1. Entity Name TANGLEWOOD GARDENS MOBILE HOME PARK, INC.					
Principal Place of Business 6530 PALAFOX ST PENSACOLA, FL 32503			Mailing Address 6530 PALAFOX ST PENSACOLA, FL 32503		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 33 Arthur Lane Suite, Apt. #, etc.			
City & State City: PENSACOLA FL		City & State City: PENSACOLA FL		4. FEI Number 00-2429962	
Zip 32503		Country FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASS & SANDFORT ACCOUNTANTS, PA 1301 W GARDEN ST PENSACOLA, FL 32501 <i>PR #150, LK #6495 19 APRIL '06</i>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD GUERRA, MICHAEL 6530 PALAFOX ST PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: <i>Michael C. Guerra</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 19 APRIL 06 Daytime Phone: 850-4769212		