NONPROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS 00 FEB 28 PH 1: 37

SEGRETAL ASSECTATE

1999 DOCUMENT # Na5935

1. Corporation Name

RESIDENTS OF TANGLEWOOD ASSOCIATION, INC

Principal Place of Business	Mailing Address
3968 TANGLE DR. Thuspille FL	P.O. Box 6601
TITUSSINE FL	Thrusville, FC
32796	32782-6601
2. Principal Place of Business	2a. Mailing Address
3968 TANGLE DR.	26 P.O. BOX 6601
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	27

City & State

3. Date Incorporated or Qualified April 15 196	88			
4. FEI Number			Applied For	
 - 59 - 2949209			Not Applicable	
5. Certifcate of Status Desired			\$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution			5.00 May Be Added to Fees	
10. Name and Address of New F	Register	ed Agen	t	
 WILL GORNES				

9. Name and Address of Current Registered Agent JAMES G. BRESLIN 3968 RIDGELOOD DR. Timsville, FL 32796

Ì	81	Name JOHN GRAVES	
Ī	82	Street Address (P.O. Box Number is Not Acceptable)	
ŀ	83	JIDO TITOLE SIC.	_
ŀ	84	City 85 Zip Code	_

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 familia with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Sound Traves John			15 Feb. C	20	
	Signature, typed or printed name of registered agent and title if ap		gistered Agent signature r ■	•	NO DIDECTO	DC IN 42
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS A		
rmle i	PRESIDENT / DIRECTOR	DELETE	1.1 TITLE	PRESIDENT / DIRECTOR	Change	Addition
NAME	MATTHEW R. PRINGLE		1.2 NAME	JOHN GRAVES		
	4060 ARLINGTON		1.3 STREET ADDRESS	3968 TANGLEDRIVE		
CITY-ST-ZIP	M:MS, FL 32754		1.4 CITY-ST-ZIP	Titusville, FL 32796		
MILE	TREASURER / DIRECTOR	DELETE	2.1 TITLE	TREASURER DIRECTOR	☐ Change	Addition
VAME I	JAMES G.BRESUN	,	2.2 NAME	LAURIE SCHRECK		
STREET ADDRESS	3968 RIDGEWOOD DR.		2.3 STREET ADDRESS	845 CRESTWOOD AUE.		
CITY-ST-ZIP	TITUSDINE, FC 32796		2. 4 CITY-ST-ZIP	FITUSVILLE, FL 32796		
TITLE	VICE PRESIDENT DIRECTOR	2 ⊠.pelete	3.1 TITLE	VICE PRESIDENT / DIRECTO	<u></u> ☐ Change	Addition
NAME	JOHN GRAVES		3.2 NAME	DAREUL ADAMS		į
STREET ADDRESS	3968 TANGLE PRIJE		3.3 STREET ADDRESS	3989 R:0650000 DR.		
CITY-ST-ZIP	Titussitue, FL 32796		3.4. CITY-ST-ZIP	TITUSHIE FL 32796		
IMLE	•	□ DELETE	4.1 TITLE	SECRETARY	Change	Addition
NAME			4. 2 NAME	MICHELLE MURPHY		
STREET ADDRESS			4.3 STREET ADDRESS	3973 RIDGEWOOD DIE.		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	TITISUIUE, FL 32796		
IULTE		☐ DELETE	5.1 TITLE	'	Change	Addition
NAME			5.2 NAME	500003161	nas.	4
STREET ADDRESS			5.3 STREET ADDRESS	-03/07/00	n10940	123 '
CITY-ST-ZIP	. <u> </u>		5.4 CITY-ST-ZIP	*****61.25	*****	Addition
rmle		□ DELETE	6.1 TITLE		Change T	TAddition
NAME .			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
Į.			SACITY ST.7ID	,		!

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 of 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:

OF SIGNING OFFICER OR DIRECTOR

321-867-0630