

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10491

FILED
Mar 15, 2016
Secretary of State
CC6741803680

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

Current Principal Place of Business:

3940 RADIO ROAD
C/O ANCHOR ASSOCIATES, INC SUITE 112
NAPLES , FL 34104

Current Mailing Address:

3940 RADIO ROAD
C/O ANCHOR ASSOCIATES, INC SUITE 112
NAPLES, FL 34104 US

FEI Number: 59-2629753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDCASTLE COMMUNITY MANAGEMENT
3940 RADIO ROAD
C/O ANCHOR ASSOCIATES, INC SUITE 112
NAPLES , FL 34104 US

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: TRAVOR LUTZ

03/15/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SUGGS, CLIFF
Address 3940 RADIO ROAD
C/O ANCHOR ASSOCIATES, INC
SUITE 112
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name GIGLIO, MARY ANN
Address 3940 RADIO ROAD
C/O ANCHOR ASSOCIATES, INC
SUITE 112
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name CHISM , DUDLEY
Address 3940 RADIO ROAD
C/O ANCHOR ASSOCIATES, INC
SUITE 112
City-State-Zip: NAPLES FL 34104

Title T
Name CORNETT, BARBARA
Address 3940 RADIO ROAD
C/O ANCHOR ASSOCIATES, INC
SUITE 112
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name LAFFERTY, JIM
Address C/O ANCHOR ASSOCIATES, INC.
3940 RADIO ROAD SUITE 112
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name MOORE, DOUG
Address C/O ANCHOR ASSOICATES, INC.
3940 RADIO ROAD SUITE 112
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name STESLICKI, JEFF
Address C/O ANCHOR ASSOCIATES, INC.
3940 RADIO ROAD SUITE 112
City-State-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

SIGNATURE: CLIFF SUGGS

PRESIDENT

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date