

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10491

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

FILED
Feb 04, 2015
Secretary of State
CC9442485575

Current Principal Place of Business:

5495 BRYSON DRIVE SUITE 412
NAPLES , FL 34109

Current Mailing Address:

5495 BRYSON DRIVE SUITE 412
NAPLES, FL 34109 US

FEI Number: 59-2629753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDCASTLE COMMUNITY MANAGEMENT
5495 BRYSON DRIVE SUITE 412
NAPLES , FL 34109 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

02/04/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SUGGS, CLIFF
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name GIGLIO, MARY ANN
Address 5495 BRYSON DRIVE SUITE4 412
City-State-Zip: NAPLES FL 34109

Title SECRETARY
Name CHISM , DUDLEY
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name PEREIRA, JOE
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name BRIGHT, WENDY
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

Title PRESIDENT
Name DAQUILANTE, ROBERT
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name STESLICKI , JEFF
Address 5495 BRYSON DRIVE SUITE 412
City-State-Zip: NAPLES FL 34109

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: DUDLEY CHISM

SECRETARY

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date