

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10491

**FILED**  
**Mar 30, 2020**  
**Secretary of State**  
**9912407854CC**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2629753**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ANCHOR ASSOCIATES, INC.  
3940 RADIO ROAD  
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: BRAD PHELPS**

**03/30/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name MCCARTHY, MONICA  
Address C/O ANCHOR ASSOCIATES, INC  
3940 RADIO ROAD SUITE 112  
City-State-Zip: NAPLES FL 34104

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

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

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

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

Title DIRECTOR  
Name DONOHUE, JASON  
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: JEFF STESLICKI**

**PRESIDENT**

**03/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date