

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90040 029 \*\*\*\*61.25

<b>DOCUMENT # 711711</b> 1. Entity Name <b>TANGELO PARK CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>4902 ANZIO STREET</b> <b>ORLANDO, FL 32819 US</b>			Mailing Address <b>4938 POLARIS STREET</b> <b>ORLANDO, FL 32819 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>31-1779827</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADKINSON, JERI G</b> <b>4902 ARIZIO STREET</b> <b>ORLANDO, FL 32817</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ADKINSON, JERI G</b> <b>4902 ANZIO STREET</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>SMITH, AGNES</b> <b>7607 AREZZO AVENUE</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BUTLER, REUBEN JR.</b> <b>7810 CASSINO AVENUE</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CLINTON, GWEN</b> <b>4938 POLARIS STREET</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BUTLER, REUBEN Z SR.</b> <b>7622 AREZZO AVENUE</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>MORTEN, JAMES</b> <b>5107 POLARIS STREET</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>MOTEN, JAMES</b> <b>5107 Polaris street</b> <b>ORLANDO, FL 32819</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>LITTLE, ANNIE</b> <b>4807 STEYER STREET</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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.					
<b>SIGNATURE:</b> <i>Reuben Z. Butler Sr.</i> <b>Reuben Z. Butler Sr.</b> 3/1/08 <b>407-351-9120</b>					