



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90001 002 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # 729826</b><br>1. Entity Name<br><b>TANGLEWOOD RESIDENTS ASSOCIATION, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>5031 NORTHAMPTON DRIVE</b><br><b>FORT MYERS, FL 33919</b>  |   | Mailing Address<br><b>5151 TANGLEWOOD PKWY</b> <b>1469 COVINGTON CIR W</b><br><b>FORT MYERS, FL 33919</b> |  |  |  |
| 2. Principal Place of Business<br><b>1534 CUMBERLAND COURT</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>1469 COVINGTON CIR W</b><br>Suite, Apt. #, etc.                                  |  |    |  |
| City & State<br><b>FT MYERS FL</b>   |   | City & State<br><b>FT MYERS FL</b>  |  | 4. FEI Number<br><b>NOT APPLICABLE</b>   |  |
| Zip<br><b>33919</b>  |   | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DONNELLY, EDNA</b><br><b>5151 TANGLEWOOD PKWY</b><br><b>FT. MYERS, FL 33919</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>SHARON HAINES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1469 COVINGTON CIR W</b><br>City<br><b>FT MYERS</b> <b>FL</b> Zip Code<br><b>33919</b> |  |
| 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.<br><br>SIGNATURE <u>Sharon M Haines</u> <b>TREASURER</b> <b>SHARON M HAINES</b> <b>8-14-06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 6, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                       |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>WOLCOTT, AIMEE</b><br><b>5031 NORTHAMPTON DR</b><br><b>FORT MYERS, FL 33919</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PRESIDENT = PD</b><br><b>GAULT, WENDY</b><br><b>1534 CUMBERLAND COURT</b><br><b>FT MYERS, FL 33919</b>        |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br><b>CLONINGER, DEANA</b><br><b>5047 NORTHAMPTON DRIVE</b><br><b>FORT MYERS, FL 33919</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SECRETARY = S.D.</b><br><b>CHAMPION, LAURIE</b><br><b>1486 COVINGTON CIR W</b><br><b>FT MYERS, FL 33919</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br><b>HAINES, SHARON</b><br><b>1469 COVINGTON CIR. W</b><br><b>FORT MYERS, FL 33919</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TREASURER = TD</b><br><b>HAINES, SHARON</b><br><b>1469 COVINGTON CIR W</b><br><b>FT MYERS, FL 33919</b>       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br><b>DONNELLY, EDNA</b><br><b>5151 TANGLEWOOD PKWY</b><br><b>FORT MYERS, FL 33919</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DIRECTOR = D</b><br><b>DONNELLY, EDNA</b><br><b>5151 TANGLEWOOD PKWY</b><br><b>FT MYERS, FL 33919</b>         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VICE PRESIDENT = VD</b><br><b>CHANDLER, DAVID</b><br><b>1617 COVINGTON CIR E</b><br><b>FT MYERS, FL 33919</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br>   |  |  |
| 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: Sharon M Haines SHARON M HAINES 8-14-06 239-278-1184</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |  |  |