


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 729826 1. Entity Name TANGLEWOOD RESIDENTS ASSOCIATION, INC.	
--	---

Principal Place of Business 1534 CUMBERLAND CT FORT MYERS, FL 33919	Mailing Address 1469 COVINGTON CIR WEST FORT MYERS, FL 33919
---	--

DO NOT WRITE IN THIS SPACE



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAINES, SHARON
1469 COVINGTON CIR WEST
FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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 Sharon M. Haines / S M HAINES DATE 4-17-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAULT, WENDY 1534 CUMBERLAND CT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMPION, LAURIE 1486 COVINGTON CIR WEST FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAINES, SHARON 1469 COVINGTON CIR. W FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLY, EDNA 5151 TANGLEWOOD PKWY FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHANDLER, DAVID 1617 COVINGTON CIR EAST FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000725180
05/03/07-80011-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Sharon M. Haines SHARON M. HAINES DATE 4-17-07 239-278-1184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR