

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734279

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** TARPON WOODS, TANGLEWOOD PATIO HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

40347 US 19 N  
STE 229  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

40347 US 19 N  
STE 229  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

**FEI Number:** 59-1716033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CITADEL PROP MGMT GROUP INC  
40347 US 19 N  
STE 229  
TARPON SPRINGS, FL 34689 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BATES, THOMAS  
Address: 1510 PALMER COURT  
City-St-Zip: PALM HARBOR, FL 34685

Title: DVP ( ) Delete  
Name: YOUNG, KEN  
Address: 1340 PALMER LANE  
City-St-Zip: PALM HARBOR, FL 34685

Title: S ( ) Delete  
Name: MESSEBERG, EVE  
Address: 2040 PALMER WAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: TD ( ) Delete  
Name: PASSER, MELVIN  
Address: 2020 PALMER WAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: DP ( ) Delete  
Name: CHLEBUS, ROSEMARIE  
Address: 1840 PALMER CT  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BOUCHARD, PENNY  
Address: 2210 PALMER WAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM RANALLO

AGNT

04/13/2009

Electronic Signature of Signing Officer or Director

Date