SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT D TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPART[illegible]NT OF STATE
Sandra B[illegible]ham
Secretary of [illegible]
DIVISION OF CORP[illegible]TIONS

FILED
95 JUL 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 741551 (6)

1. Corporation Name
TANGLEWOOD MOBILE VILLAGE CONDOMINIUM ASSOCIATIO N, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3309 CHANNING DRIVE HOLIDAY FL 34690	3309 CHANNING DRIVE HOLIDAY FL 34690

3. Date Incorporated or Qualified: 02/07/1978
3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-1819458 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOSKIN, ARTHUR
3244 CHANNING DRIVE
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name: POSTAK, NICHLOAS
82 Street Address (P.O. Box Number is Not Acceptable): 3201 SOUTHPORT DR
83
84 City: HOLIDAY FL 85 Zip Code: 34690

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Nicholas Postak DATE: 7-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HOSKIN, ARTHUR	12 NAME	POSTAK, NICHLOAS	
STREET ADDRESS	3244 CHANNING DRIVE	13 STREET ADDRESS	3201 SOUTH PORT DR.	
CITY-ST-ZIP	HOLIDAY, FL 0	14 CITY-ST-ZIP	HOLIDAY, ~~FL~~ FL.	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	POSTAK, NICHLOAS	22 NAME	~~FRAN~~ SMALL, FRAD	
STREET ADDRESS	3201 SOUTHPORT DR.	23 STREET ADDRESS	3141 NANTUCKET DR.	
CITY-ST-ZIP	HOLIDAY FL	24 CITY-ST-ZIP	HOLIDAY, FL.	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	VANGEMEN, LOUISE	32 NAME		
STREET ADDRESS	4702 BURNEY DR.	33 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	LYON, JOAN	42 NAME		
STREET ADDRESS	3220 HAMPSHIRE DR.	43 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	TOMLIN, JUSTIN	52 NAME	McNEIL, EARL	
STREET ADDRESS	3207 BIRKDALE DR.	53 STREET ADDRESS	3035 BIXLER CT	
CITY-ST-ZIP	HOLIDAY FL	54 CITY-ST-ZIP	HOLIDAY, FL.	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	LYON, LEROY	62 NAME	McGEACHEN, BOB	
STREET ADDRESS	3247 HAMPSHIRE DRIVE	63 STREET ADDRESS	3116 SOUTHPORT DR.	
CITY-ST-ZIP	HOLIDAY FL	64 CITY-ST-ZIP	HOLIDAY, FL	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nicholas Postak NICHLOAS POSTAK (PRESIDENT) 7/10/95 813-938-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017085