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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741551**

1. Corporation Name

TANGLEWOOD MOBILE VILLAGE CONDOMINIUM ASSOCIATIO N, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/07/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1819458 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

POSTAK, NICHLOAS
3309 CHANNING DRIVE
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name: Same
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 _____ DATE
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	POSTAK, NICHOLAS		1.2 NAME	
STREET ADDRESS	3309 CHANNING DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690		1.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	2.1 TITLE	VP 1st & 2nd ☐ Change ☐ Addition
NAME	SCHMIDT, DONALD		2.2 NAME	Roy Lyon
STREET ADDRESS	3309 CHANNING DR		2.3 STREET ADDRESS	Jere Doyle
CITY-ST-ZIP	HOLIDAY FL 34690		2.4 CITY-ST-ZIP	3309 Channing Dr Holiday,Fl34690
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VANGEMEN, LOUISE		3.2 NAME	
STREET ADDRESS	3309 CHANNING DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690		3.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	4.1 TITLE	S ☐ Change ☐ Addition
NAME	LYON, JOAN		4.2 NAME	Fran Small
STREET ADDRESS	3309 CHANNING DR		4.3 STREET ADDRESS	3309 Channing Dr Holiday,Fl 34690
CITY-ST-ZIP	HOLIDAY FL 34690		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	D ☐ Change ☐ Addition
NAME	LYON, ROY		5.2 NAME	Donald Schmidt
STREET ADDRESS	3309 CHANNING DR		5.3 STREET ADDRESS	3309 Channing Dr
CITY-ST-ZIP	HOLIDAY FL 34690		5.4 CITY-ST-ZIP	Holiday, Fl 34690
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCNEIL, EARL		6.2 NAME	
STREET ADDRESS	3309 CHANNING DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Nicholas Postak PRES 3-5-99 727-938-1793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)