2/2

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
02-21-2001 90005 049 ****61.25

DOCUMENT # 741551

1. Entity Name

TANGLEWOOD MOBILE VILLAGE CONDOMINIUM ASSOCIATIO

29933

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1819458 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMALL, FRANCES 3141 NANTUCKET DRIVE HOLIDAY FL 34690	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE Frances Small, Pres. 2/16/2001

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMALL, FRANCES 3309 CHANNING DR HOLIDAY FL 34690	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VI SCHMIDT, DONALD 3309 CHANNING DR. HOLIDAY FL 34690	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VANGEMEN, LOUISE 3309 CHANNING DRIVE HOLIDAY FL 34690	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GERARDI, CHERYL 3309 CHANNING DR HOLIDAY FL 34690	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYON, ROY 3309 CHANNING DR HOLIDAY FL 34690	☒ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNEIL, EARL 3309 CHANNING DR HOLIDAY FL 34690	☒ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Santo Dentice 3309 Channing Dr Holiday, Fl 34690 ☒ Change ☒ Addition

CR2E037 (10/00)

12. 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 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: Frances Small, Pres. 2/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #