FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 11, 2002 8:00 am Secretary of State **DOCUMENT # 741551** 1. Entity Name 09-11-2002 90063 014 ****61.25 TANGLEWOOD MOBILE VILLAGE CONDOMINIUM ASSOCIATIO Mailing Address Principal Place of Business 3309 CHANNING DRIVE 3309 CHANNING DRIVE 979287 HOLIDAY FL 34690 HOLIDAY FL 34690 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State FEI Number City & State 59-1819458 Not Applicable \$8.75 Additional Country Zip Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMALL, FRANCES 3141 NANTUCKET DRIVE HOLIDAY FL 34690 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be Make Check Payable to 9. Election Campaign Financing After September 13, 2002,

Department of State Trust Fund Contribution. Added to Fees min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change 🔀 Addition D PD ☐ Delete TITLE TITI F ALAN HOSKIN SMALL, FRANCES NAME NAME STREET ADDRESS STREET ADDRESS 3309 CHANNING DR 3309 Channir₂g Dr CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34690 <u> Holiday, Fl 34690</u> x Addition ☐ Delete TITLE TITLE NAME SCHMIDT, DONALD NAME CATHERINE TUTHILL STREET ADDRESS STREET ADDRESS 3309 CHANNING DR. 3309 Channing Dr CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34690 Holiday, Fl 34690 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME VANGEMEN, LOUISE STREET ADDRESS STREET ADDRESS 3309 CHANNING DRIVE CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34690 Change ☐ Addition TITLE ☐ Delete TITLE SD NAME NAME GERARDI, CHERYL STREET ADDRESS STREET ADDRESS 3309 CHANNING DR CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34690 Change Addition TITLE Delete TITLE NAME NAME santo, dentice STREET ADDRESS STREET ADDRESS 3309 CHANNING DR CITY-ST-ZIP CITY-ST-ZIF HOLIDAY FL 34690 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-78P

SIGNATURE REQUIRED

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