


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90016 010 ****61.25

DOCUMENT # 741551 1. Entity Name TANGLEWOOD MOBILE VILLAGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3309 CHANNING DRIVE HOLIDAY, FL 34690	Mailing Address 3309 CHANNING DRIVE HOLIDAY, FL 34690
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40035934



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

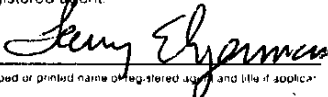
03092007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-1819458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOSKIN, ALAN 3345 COURTNEY DR. HOLIDAY, FL 34690	
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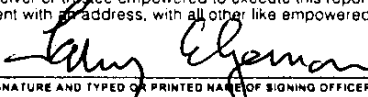
7. Name and Address of New Registered Agent Name Larry Elzerman Street Address (P.O. Box Number is Not Acceptable) 3327 Chatford Drive City Holiday, FL Zip Code 34690	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 3-13-07

Filing Fee is \$61.25 Due by May 1, 2007	Political Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMSPOKER, WALTER 3309 CHANNING DRIVE HOLIDAY, FL 34690 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUHN, LES 3309 CHANNING DRIVE HOLIDAY, FL 34690 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTO, DENTICE 3309 CHANNING DR HOLIDAY, FL 34690 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOSKIN, ALAN 3309 CHANNING DR HOLIDAY, FL 34690 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Larry Elzerman - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3327 Chatford Dr. Holiday, FL 34690
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Betty Staggers, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3206 Southport Dr. Vice President & Treasurer Holiday, FL 34690
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Leslie Kuhn - Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3235 Nantucket Dr. Holiday, FL 34690
TITLE NAME STREET ADDRESS CITY - ST - ZIP	John Kreuser - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3039 Buckner Ct. Holiday, FL 34690
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Harry Corl - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3250 Lanark Dr. Holiday, FL 34690
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE 3-13-07 727-939-3497