

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741551

FILED
Mar 01, 2011
Secretary of State

Entity Name: TANGLEWOOD MOBILE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5901 US HIGHWAY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

C/O QUALIFIED PROPERTY MANAGEMENT INC
5901 US HIGHWAY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5901 US HIGHWAY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652

New Mailing Address:

C/O QUALIFIED PROPERTY MANAGEMENT INC
5901 US HIGHWAY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652

FEI Number: 59-1819458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HIGHWAY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

C/O QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HIGHWAY 19,
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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: MARY WHITE

03/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BRANDT, ALICE
Address: 3125 BIXLER CT
City-St-Zip: HOLIDAY, FL 34690

Title: VP
Name: KORN, JUDY
Address: 3410 CHATFORD DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: SD
Name: UBEL, VEE
Address: 3103 BIXLER COURT
City-St-Zip: HOLIDAY, FL 34690

Title: TD
Name: ALLARD, KEITH
Address: 3338 LANARD DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D
Name: HILLMAN, MARY
Address: 4830 BETSY DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D
Name: BALLIET, BOB
Address: 3227 HAMPSHIRE DRIVE
City-St-Zip: HOLIDAY, FL 34690

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALICE BRANDT

PD

03/01/2011

Electronic Signature of Signing Officer or Director

Date