

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90107 043 \*\*\*\*61.25

<b>DOCUMENT # 743232</b>					
<b>1. Entity Name</b> TANGLEWOOD ENVIRONMENTAL PRESERVATION ASSOCIATION, INC.					
<b>Principal Place of Business</b> ADVANCED MGMT OF SW FLORIDA INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US			<b>Mailing Address</b> ADVANCED MGMT OF SW FLORIDA INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		03262008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-1901679	
City & State		City & State		<b>Applied For</b> Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
ADVANCED MGMT OF S.W. FLORIDA 9031 TOWN CENTER PKWY BRADENTON, FL 34202				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD <b>NAME</b> WETZEL, JOHN <b>STREET ADDRESS</b> 2510 STARLING LN <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input type="checkbox"/> Delete			<b>TITLE</b> TD <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> CLARK, CHRISTINE <b>STREET ADDRESS</b> 2501 SONGBIRD LN <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input type="checkbox"/> Delete			<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> KRAMER, CAREN <b>STREET ADDRESS</b> 2305 PLEASANT LN <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> Robert Lawton, SD <b>NAME</b> 2501 Starling Lane <b>STREET ADDRESS</b> Bradenton, FL 34209 <b>CITY-ST-ZIP</b> [Blank]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> HUNTER, ROBERT <b>STREET ADDRESS</b> 3513 NIGHTINGALE LN <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> JERRY SCHEFFER, D <b>NAME</b> 2601 SONGBIRD LANE <b>STREET ADDRESS</b> BRADENTON, FL 34209 <b>CITY-ST-ZIP</b> [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> SCHROTT, DAVE <b>STREET ADDRESS</b> 5520 PHEASANT LANE <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input type="checkbox"/> Delete			<b>TITLE</b> PD <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> HUNNEKE, RICK <b>STREET ADDRESS</b> 2509 TURTHDIVE LANE <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input type="checkbox"/> Delete			<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>				4/28/08 (941) 792-6547	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	