2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
03-27-2006 90281 023 ****61.25

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1. Entity Name
TANGLEWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6301 SW 33RD STREET	6301 SW 33RD STREET
MIAMI, FL 33155	MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

66009516

03102006 No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
59-2365481	Not Applicable

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

6. Name and Address of Current Registered Agent

TRUJILLO, HECTOR
6301 SW 33RD STREET
MIAMI, FL 33155

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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 _____

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRUJILLO, HECTOR
STREET ADDRESS	6301 SW 33 ST.
CITY-ST-ZIP	MAJMI, FL 33155

TITLE	VD
NAME	TRUJILLO, GERALINE
STREET ADDRESS	6301 SW 33 ST.
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	T
NAME	MARRERO, JOSE
STREET ADDRESS	2500 NW 13RD STREET, 118
CITY-ST-ZIP	MIAMI, FL 33125

TITLE	SD
NAME	BERGON, PEDRO
STREET ADDRESS	2550 NW 13RD STREET, 325
CITY-ST-ZIP	MIAMI, FL 33125

TITLE	S
NAME	GRILLE, CARLOS C
STREET ADDRESS	2520 NW 13H STREET UNIT 306
CITY-ST-ZIP	MIAMI, FL 33125

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ✓ _____   2-4-06   786-287-0166

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