

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759775 (0)**  
1. Corporation Name  
**TANGLEWOOD HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1600 NORTH PALAFOX ST. PENSACOLA FL 32501</b>	Mailing Address <b>1600 NORTH PALAFOX ST. PENSACOLA FL 32501</b>
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3. Date Incorporated or Qualified

**08/25/1981**

4. FEI Number

**59-2121720**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALLAWAY, MARY M.  
1600 N. PALAFOX STREET  
PENSACOLA FL 32501**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LIEB, JAMES M.	
STREET ADDRESS	14620 PERDIDO KEY DR.	
CITY-ST-ZIP	PENSACOLA FL 32507	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Geraldine M. Morris	
1.3 STREET ADDRESS	5791 Coronada Blvd. #2	
1.4 CITY-ST-ZIP	Pensacola, Florida 32507	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, KEVIN	
STREET ADDRESS	5468 N. SHORE RD.	
CITY-ST-ZIP	PENSACOLA FL 32507	

2.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vickie Kasischke	
2.3 STREET ADDRESS	5791 Coronada Blvd. #3	
2.4 CITY-ST-ZIP	Pensacola, Florida 32507	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, ERIK	
STREET ADDRESS	2023 BLUE SKY DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	

3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LIEB, James M.	
3.3 STREET ADDRESS	14620 Perdido Key Dr.	
3.4 CITY-ST-ZIP	Pensacola, FL 32507	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Geraldine M. Morris* *Geraldine M. Morris* 3/9/98 850-4930800

CP2E037 (10/97)