## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 759775**

1. Corporation Name

### TANGLEWOOD HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

1600 NORTH PALAFOX ST. PENSACOLA FL 32501

2. Principal Place of Business

Suite, Apt, #, etc.

1600 NORTH PALAFOX ST. PENSACOLA FL 32501

# Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90033 044 \*\*\*\*61.25

Applied For

3. Date Incorporated or Qualifed

08/25/1981

4. FEI Number

2		27				59-2121720	No	t Applicable
City & State	9	1	City & State			5. Certificate of Status Desired	\$8.75 A	dditional -
3		28				5. Certifcate of Status Desired	Fee Re	quired
Zip	Country		Zip	Country		6. Election Campaign Financing	\$5.00	May Be
4	25	29	[3	30		Trust Fund Contribution	Added to	o Fees
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent	
				81	Name			
CALLAWAY,MARY M.				82	Street	Address (P.O. Box Number is Not Acceptable)		
1600 N. PALAFOX STREET				02	Super	Addiess (1.0. box Humber is Not Nosepiese)		
PENSACOLA FL 32501				83				
I ENGROUEN I E VEVVI				-	-		85 Zip C	`odo
				84	City	F	85 Zip C	,008
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State or familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Flori tions of	da. Such change was aut f, Section 617.0503, Florid	thorized by da Statutes	the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the appropriate of the purpose oration's board of directors. I hereby accept the appropriate oration of the purpose or the purpose or the purpose or the purpose of	Omtment as reg	
12.	OFFICERS AND	D DIRE	CTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD		☐ DELETE	1.1 TITLE			Change	Addition
NAME	MORRIS, GERALDINE			1.2 NAME				
STREET ADDRESS	5791 CORONADA BLVD #2			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32507			1.4 CITY-S	T-ZIP			
TITLE	STD		DELETE	2.1 TITLE		STD	☑ Change	☐ Addition
NAME:	KAISISCHKE, VICKIE			2.2 NAME		Leslie Engeles 5791 Coronad Blud #1		
STREET ADDRESS	5791 CORONADA BLVD #3			2.3 STREE	TADDRESS	5791 Coronad Blud #1		
CITY-ST-ZIP	PENSACOLA FL 32507			2. 4 CITY-5	ST-ZIP	Pensacola, Florida 3297		
TITLE	D	-	<b>▼</b> DELETE	3.1 TITLE		D	Change	☐ Addition
NAME	LIEB, JAMES M			3.2 NAME				
STREET ADDRESS	14620 PERDIDO KEY DR			3.3 STREE	T ADDRESS	1 O S KIUG FI		
CITY-ST-ZIP	PENSACOLA FL 32507			3.4. CITY-5		Pensacola Florida 32507		
TITLE	TENONOUSA TE OSOST		☐ DELETE	4.1 TITLE	,, <u>L</u>	1 2/130/100:00	☐ Change	☐ Addition
NAME			_	4. 2 NAME				
STREET ADDRESS				,	T ADDRESS	Į Į		
i				4.4 CITY-S				
CITY-ST-ZIP TITLE		·	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			<del>-</del>	5.2 NAME				
				5.3 STREE	TADDRESS			
				5.4 CITY-S				
					11-211			
STREET ADDRESS CITY-ST-ZIP			☐ DELETE	6.1 TITLE	11- ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE			☐ DELETE		11-21P		Change	☐ Addition
CITY-ST-ZIP TITLE NAME			☐ DELETE	6.1 TITLE 6.2 NAME			☐ Change	Addition
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE 6.2 NAME	TADDRESS		☐ Change	Addition

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**;