## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #765227**

1. Entity Name

TANG-O-MAR PROPERTY OWNERS ASSOCIATION, INC.



FILED Feb 16, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

TANG O MAR PROPERTY OWNERS ASSOC. 70 TANG O MAR RD DESTIN, FL 32550 US TANG O MAR PROPERTY OWNERS ASSOC. 70 TANG O MAR RD DESTIN, FL 32550 US



## DO NOT WRITE IN THIS SPACE

02102007 No Chg-NP CR2E037 (4/06)

Applied For

4. FEI Number 59-2662882

Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MARCELL, HOLLY W. 70 TANG-D-MAR DR. DESTIN, FL 32550

## DO NOT WRITE IN THIS SPACE

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: Register	ed Agent signature	required when reinstating)	DATE				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS	PD MARCELL, ED 70 TANG O MAR RD		ľ						

 CITY-ST-ZIP
 DESTIN, FL 32550

 TITLE
 VPD

 NAME
 COMBES, JEFFREY

 SIREFT ADDRESS
 6320 GARFIELD ST.

 CITY-ST-ZIP
 NEW ORLEANS, LA 70118

 TITLE
 STD

U00000638811 02/27/07-80027-013 61.25

STREET ADDRESS
CITY-ST-ZIP
NEW ORLEANS, LA 70118
TITLE
NAME
MARCELL, HOLLY W.
STREET ADDRESS
CITY-ST-ZIP
DESTIN, FL 32550
TITLE
VD
NAME
BLANKENSHIP, ALICE
STREET ADDRESS
CITY-ST-ZIP
DESTIN, FL 32550
TITLE
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DESTIN, FL 32550
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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.

SIG	<b>SNA</b>	TURE:	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/2/07 80-376-6663