

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766713 (2)

1. Corporation Name

TANGERINE WOODS OWNERS ASSOCIATION, INC.

Principal Place of Business

756 TANGERINE WOODS BLVD.
ENGLEWOOD FL 34223

Mailing Address

756 TANGERINE WOODS BLVD.
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1983

3a. Date of Last Report

02/14/1994

4. FEI Number

59-2408711

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'GRADY, CYNTHIA
2100 CONSTITUTION BLVD.
SARASOTA FL 34231

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0705, Florida Statutes.

SIGNATURE

Cynthia O'Grady

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

WESTENBERG, KARL

STREET ADDRESS

816 SEABROOKE DR

CITY - ST - ZIP

ENGLEWOOD FL

1.1 TITLE

P/D

1.2 NAME

Robert Robey

1.3 STREET ADDRESS

822 Tangerine Woods Blvd

1.4 CITY - ST - ZIP

Englewood FL 34223

☐ Change ☐ Addition

TITLE

VD

NAME

THOMAS, MARVIN

STREET ADDRESS

797 HEATHERCREEK CT

CITY - ST - ZIP

ENGLEWOOD FL

2.1 TITLE

V/D Sanford Crawford

2.2 NAME

828 Briar Glen Ct

2.3 STREET ADDRESS

Englewood FL 34223

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

TD

NAME

RISLEY, ROSEMARY

STREET ADDRESS

824 TANGERINE WOODS BLVD

CITY - ST - ZIP

ENGLEWOOD FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

PHILLIPS, RUTH

STREET ADDRESS

820 BRIAR GLEN CT

CITY - ST - ZIP

ENGLEWOOD FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

WEATHERHEAD, EDWARD

STREET ADDRESS

725 BUTTERFIELD CR.

CITY - ST - ZIP

ENGLEWOOD FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

B Marvin Thomas
~~B Thomas, Marvin~~
797 Heathercreek Ct
Englewood FL 34223

D Jackie Day

850 Seabrook Dr

Englewood FL 34223

2/21

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, unchanged or on an attachment with an address.

SIGNATURE:

Sanford Crawford

SANFORD CRAWFORD

1-26-95

(813) 474-0167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #