

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766713 (2)
1. Corporation Name
TANGERINE WOODS OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
756 TANGERINE WOODS LBLVD.
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified **01/26/1983** 3a. Date of Last Report **02/01/1995**
4. FEI Number **59-2408711** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Argus Property Management Inc**
82 Street Address (P.O. Box Number is Not Acceptable)
2100 Constitution Blvd
83 **Sarasota**
84 City **FL** 85 Zip Code **34231**

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 *Vincent R. Campbell* **Vincent R. Campbell - Argus Property Mgt. Inc. 4/29/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROBEY, ROBERT	
STREET ADDRESS	822 TANGERINE WOODS BLVD.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, SANFORD	
STREET ADDRESS	828 BRIAR GLEN CT.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RISLEY, ROSEMARY	
STREET ADDRESS	824 TANGERINE WOODS BLVD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, RUTH	
STREET ADDRESS	820 BRIAR GLEN CT	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, MARVIN B.	
STREET ADDRESS	797 HEATHERCREEK CT.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAY, JACKEE	
STREET ADDRESS	850 SEABROOK DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jackee Day	
1.3 STREET ADDRESS	850 Seabrooke Dr	
1.4 CITY-ST-ZIP	Englewood FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Loren Biggerstaff	
2.3 STREET ADDRESS	815 Manchester Ct	
2.4 CITY-ST-ZIP	Englewood FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert King	
3.3 STREET ADDRESS	883 Cascade Ct	
3.4 CITY-ST-ZIP	Englewood FL	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Shirley Ebel	
4.3 STREET ADDRESS	831 Briar Glen Ct.	
4.4 CITY-ST-ZIP	Englewood FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Edith Kizer	
5.3 STREET ADDRESS	850 Seabrooke Ct	
5.4 CITY-ST-ZIP	Englewood FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Randy Powell	
6.3 STREET ADDRESS	804 Seabrooke Dr	
6.4 CITY-ST-ZIP	Englewood FL	

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 119.07(3)(k), 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: *Jackee Day* **Jackee Day** 4/29/96 475 3776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)