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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766713

1. Corporation Name

TANGERINE WOODS OWNERS ASSOCIATION, INC.

Principal Place of Business

756 TANGERINE WOODS LBLVD.
 ENGLEWOOD FL 34223

Mailing Address

756 TANGERINE WOODS LBLVD.
 ENGLEWOOD FL 34223



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/26/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2408711	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT INC
2100 CONSTITUTION BLVD
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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)

4-28-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	THOMAS, MARVIN	1.2 NAME	PRINS, JAN
STREET ADDRESS	797 HEATHERCREEK CT	1.3 STREET ADDRESS	797 HEATHERCREEK CT
CITY-ST-ZIP	ENGLEWOOD FL 34223	1.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	VD	2.1 TITLE	VD
NAME	PRINS, JAN	2.2 NAME	DOCKX, JACK
STREET ADDRESS	779 CANDLEWYCK DR	2.3 STREET ADDRESS	836 SEABROOKE DR
CITY-ST-ZIP	ENGLEWOOD FL 34223	2.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	SD	3.1 TITLE	SD
NAME	DOCKX, JACK	3.2 NAME	FLEWELLING, GEORGE
STREET ADDRESS	836 SEABROOKE DR	3.3 STREET ADDRESS	861 SEABROOKE DR
CITY-ST-ZIP	ENGLEWOOD FL 34223	3.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	TD	4.1 TITLE	TD
NAME	LITZ, JULIE	4.2 NAME	SAMUELSON, RICHARD
STREET ADDRESS	767 TANGERINE WOODS BLVD	4.3 STREET ADDRESS	810 SEABROOKE DR
CITY-ST-ZIP	ENGLEWOOD FL 34223	4.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	D	5.1 TITLE	
NAME	CATHCART, GERALD	5.2 NAME	
STREET ADDRESS	712 BUTTERFIELD CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BARKYOUNB, BERNARD	6.2 NAME	
STREET ADDRESS	790 HEATHERCREEK CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34423	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 with all other like empowered.

SIGNATURE: *Richard Samuelson* RICHARD SAMUELSON 4-28-99 941-474-0167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)