2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # **766713** May 03, 2000 8:00 am 1. Entity Name Secretary of State TANGERINE WOODS OWNERS ASSOCIATION, INC. 05-03-2000 90023 030 ****61.25 Principal Place of Business Mailing Address 756 TANGERINE WOODS LBLVD. 756 TANGERINE WOODS LBLVD. ENGLEWOOD FL 34223-6051 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2408711 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent ~ 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ARGUS PROPERTY MANAGEMENT INC 2100 CONSTITUTION BLVD SARASOTA FL 34231 Zip Code City 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 ٠٠ الروج SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition PD X Delete Change TITLE TITLE NAME PRINS, JAN NAME STREET ADDRESS 797 HEATHERCREEK CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 뜻 Addition 🔀 Delete TITLE TITLE NICE TANE NAME DOCKX, JACK NAME 803 TANGERINE WOODS BLVD STREET ADDRESS STREET ADDRESS 836 SEABROOKE DR BNGCEWOOD FC 3422-3" CITY-ST-7IP CITY-ST-ZIP ENGLEWOOD FL 34223 Change Addition SD Delete TITLE 5 D TITLE WEAVER DONALD NAME DOCKX, JACK NAME 876 FAWNSPRING CT STREET ADDRESS STREET ADDRESS 836 SEABROOKE DR CITY-ST-ZIP ENGLEWOOD FL 34LZ 3 CITY-ST-ZIP ENGLEWOOD FL 34223 Change ☐ Addition TITLE ☐ Delete TITLE FLEWELLING, GEORGE NAME NAME STREET ADDRESS 861 SEABROOKE DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ENGLEWOOD FL 34223 Change PD ☐ Addition TITLE ☐ Delete TITLE SAMUELSON, RICHARD NAME STREET ADDRESS STREET ADDRESS 810 SEABROOKE DR CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL** TITLE ☐ Delete Change Addition BARKYOUMB, BERNARD NAME NAME STREET ADDRESS STREET ADDRESS 790 HEATHERCREEK CT CITY-ST-ZIP ENGLEWOOD FL 34423 12. 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 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

BE RICHARD SAMUELSON

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Date Daytime Phone #