

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90003 021 \*\*\*\*61.25

**DOCUMENT # 766713**

1. Entity Name

**TANGERINE WOODS OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**756 TANGERINE WOODS LBLVD.  
ENGLEWOOD FL 34223****756 TANGERINE WOODS LBLVD.  
ENGLEWOOD FL 34223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2408711**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ARGUS PROPERTY MANAGEMENT INC  
2477 STICKNEY POINT RD.  
SARASOTA FL 34231**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

*Vincent Campbell* **Vincent Campbell****4-22-2002**

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **TD** ☐ Delete  
NAME **COBB, FRED**  
STREET ADDRESS **787 HEATHERCREEK CT.**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **WEAVER, DONALD**  
STREET ADDRESS **876 FAWNSPRING CT**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **DECOTIS, ROBERT**  
STREET ADDRESS **887 CASCADE CT.**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **SHELDON, ELEANOR**  
STREET ADDRESS **729 BUTTERFIELD CIRCLE**  
CITY-ST-ZIP **ENGLEWOOD FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **BARKYOUNB, BERNARD**  
STREET ADDRESS **790 HEATHERCREEK CT**  
CITY-ST-ZIP **ENGLEWOOD FL 34423**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)