FILED
Apr 09, 2003 8:00 am
Secretary of State
03-24-2003 91014 022 ****61.25

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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766713

1. Entity Name
Tangerine Woods Owners Association Inc,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
756 Tangerine Woods Blvd
Suite, Apt. #, etc.
City & State: Englewood Fl.
Zip: 34223 Country:

3. Mailing Address
756 Tangerine Woods
Suite, Apt. #, etc.
City & State: Englewood Fl.
Zip: 34223 Country:

[redacted]

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent
Name: Wm. Sutton c/o Manasota Management
Street Address (P.O. Box Number is Not Acceptable)
748 S. Tamiami Tr.
City: Osprey Fl. FL Zip Code: 34229

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] William Sutton 3-16-03
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	Terry Hennessey
STREET ADDRESS	741 TANGERINE WOODS BLVD
CITY-ST-ZIP	ENGLEWOOD, FL. 34223
TITLE	~~VP~~ VICE PRESIDENT
NAME	Bob DiCotis
STREET ADDRESS	867 Cascade Ct
CITY-ST-ZIP	Englewood Fl. 34223
TITLE	DIRECTOR/SECRETARY
NAME	Don Weaver
STREET ADDRESS	876 Fawnspring Ct
CITY-ST-ZIP	Englewood Fl. 34223
TITLE	DIRECTOR/TREASURER
NAME	Fred Cobb
STREET ADDRESS	787 Heather creek Ct.
CITY-ST-ZIP	Englewood Fl. 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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

SIGNATURE: [signature] T.E. Hennessey, Pres. 3-13-03 941-473-7414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #