


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H58980 1. Entity Name TANGLEWOOD GOLF AND COUNTRY CLUB, INC.	
---	---

Principal Place of Business 5916 TANGLEWOOD DRIVE MILTON, FL 32570	Mailing Address P.O. MILTON 725 MILTON, FL 32572
--	--



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2551838	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

8. Name and Address of Current Registered Agent WELCH, JOHN T 5636 TERVINO DRIVE MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBOD LUNDIN, BILL 6880 SUMMIT DR MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD YOUNG, JIMMY 8006 PITTMAN AVE. PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD LANHAM, LARRY 5899 HOGANS ALLEY MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD DENNY, GLENN 5875 HOGANS ALLEY MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOBLES, DEWITT 6621 CEDAR STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VBOD MOONEYHAM, GARY 5625 TREVINO DR MILTON, FL 32570

U00000478057
04/07/06-80015-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Dewitt Nobles 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 (850) 623-6176
Date Daytime Phone #