


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90023 012 ***150.00

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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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01042007 Chg-P CR2E034 (12/06) 4. FEI Number 59-2551838 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WELCH, JOHN T 5636 TREVINO DRIVE MILTON, FL 32570				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PBOD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNDIN, BILL		NAME	Welch, Nancy	
STREET ADDRESS	6880 SUMMIT DR		STREET ADDRESS	5636 Trevino Dr.	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton, FL 32570	
TITLE	BOD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, JIMMY		NAME	Utt, Harry	
STREET ADDRESS	8006 PITTMAN AVE.		STREET ADDRESS	5705 Trevino Dr.	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Milton, FL 32570	
TITLE	BOD	<input checked="" type="checkbox"/> Delete	TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANHAM, LARRY		NAME	Womack, Jerry	
STREET ADDRESS	5899 HOGANS ALLEY		STREET ADDRESS	7700 Sunfish Ln.	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton, FL 32583	
TITLE	BOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNY, GLENN		NAME		
STREET ADDRESS	5875 HOGANS ALLEY		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLES, DEWITT		NAME		
STREET ADDRESS	6621 CEDAR STREET		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	VBOD	<input checked="" type="checkbox"/> Delete	TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOONEYHAM, GARY		NAME	Barany, John	
STREET ADDRESS	5625 TREVINO DR		STREET ADDRESS	6947 Cedar Ridge Cir	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton, FL 32570	
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: <i>Nancy C. Welch</i>		Nancy C. Welch		4/8/07 (850) 623-6176	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	