

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90036 019 \*\*\*\*61.25

**DOCUMENT # N02581**

1. Entity Name  
**TANGLEWOOD LAKES TOWNHOME ASSOCIATION, INC.**



Principal Place of Business  
**C/O MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP PARKWAY  
SUNRISE, FL 33027 US**

Mailing Address  
**C/O MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP PARKWAY  
SUNRISE, FL 33027 US**

**40063232**



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

02072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2505487**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROUGH, CHADROW & LEVINE, P.A.**  
**2700 SOUTH COMMERCE PKWY**  
**SUITE 305-B**  
**WESTON, FL 33331**

7. Name and Address of New Registered Agent

**Bakalar & Eichner, P.A.**  
**Westside Corporate Center**  
**150 South Pine Island Road, Suite 540**  
**Plantation, FL 33324**

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

*Bakalar & Eichner*

**3/20/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **D** ☒ Delete  
NAME **MITCHELL, TERRENCE**  
STREET ADDRESS **1145 SAWGRASS CORP PARKWAY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **P** ☒ Delete  
NAME **HEARNZ, CAROL**  
STREET ADDRESS **1145 SAWGRASS CORP PARKWAY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **P** ☐ Delete  
NAME **VOLKMAN, LORRIE**  
STREET ADDRESS **1145 SAWGRASS CORP PARKWAY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **T** ☐ Delete  
NAME **BARRIOS, MABEL**  
STREET ADDRESS **1145 SAWGRASS CORP PARKWAY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **McLean, Mark**  
STREET ADDRESS **1145 Sawgrass Corp. Parkway**  
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE ☐ Change ☒ Addition  
NAME **Hal Reschansky**  
STREET ADDRESS **1145 Sawgrass Corp. Parkway**  
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*April 9, 2008*

**2/10/08**

**(954) 254-2160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER