2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # N02581

1. Entity Name
TANGLEWOOD LAKES TOWNHOME ASSOCIATION, INC.

FILED
2008 OCT 20 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

09142008 Chg-NP CR2E037 (12/06)

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

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	7. Name and Address of New Registered Agent
EIXHNER, BAKALAR P.A. WESTSIDE CORPORATE CENETER 150 SOUTH PINE ISLAND ROAD, SUITE 540 FORT LAUDERDALE, FL 33324	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.

600137087186
10/20/08--01057--008 **61.25

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

Amended AR is $61.25	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEON, MARTI 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jack Elkenberry 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PESCHASKY, HAL 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Linda Wroble 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VOLKMAN, LORRIE 1145 SAWGRASS CORP PARKWAY SUNRISE, FL 33323	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ryan Scholten 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARRIAS, MABEL 1145 SAWGRASS CORP PARKWAY SUNRISE, FL 33323	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Carmen Robledo 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carol Delgado 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roberto Rivera 1145 Sawgrass Corp Pkwy Sunrise, FL 33323	☐ Change ☑ Addition

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: Jack Elkenberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Additional Director:

Title: D
Name: Cheryl Hirsch
Street Address: 1145 Sawgrass Corp Pkwy
City – St- Zip: Sunrise, FL 33323