

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

FILED
May 31, 2002 8:00 am
Secretary of State

05-31-2002 90001 028 ****61.25

DOCUMENT # N03811

1. Entity Name

TANGLEWOOD OF WESLEY CHAPEL HOME OWNERS ASSOC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

28429 Williamsburg Dr.

Suite, Apt. #, etc.

28429 Williamsburg Dr.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL 33543

City & State

Wesley Chapel, FL 33534

Zip

Country

Zip

Country

4. FEI Number

59-2452555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FRANK TOBAR, PRES. Mar Feb

Street Address (P.O. Box Number is Not Acceptable)

28553 Tanglewood Dr.

City

Wesley Chapel, FL

FL

Zip Code

33543-5389

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.

SIGNATURE

Signature, typed 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.**

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Frank Tobar
STREET ADDRESS	28553 Tanglewood Dr.
CITY-ST-ZIP	Wesley Chapel, FL 33543-5389
TITLE	Duane Anderson, Vice Pres.
NAME	
STREET ADDRESS	28715 Tanna Dr.
CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	Secretary
NAME	
STREET ADDRESS	1912 Tanager Ct.
CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	Mary Rhodes, Treasurer
NAME	
STREET ADDRESS	28553 Tanglewood Dr.
CITY-ST-ZIP	Wesley Chapel, FL 33543-5389
TITLE	Director
NAME	Ken Foster
STREET ADDRESS	28417 Trident Ct.
CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	Director
NAME	Mac Burchfield
STREET ADDRESS	1922 Tide Water Ct.
CITY-ST-ZIP	Wesley Chapel, FL 33543

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

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:

Mary Rhodes (Mary Rhodes)

05/14/02

813.973-3693