

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90109 014 ****61.25

DOCUMENT # N03811			
1. Entity Name TANGLEWOOD OF WESLEY CHAPEL HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 28429 WILLIAMSBURG VILLAGE WESLEY CHAPEL FL 33543		Mailing Address 28429 WILLIAMSBURG DR. WESLEY CHAPEL FL 33543	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent ARCHIBALD, DUANE 28715 TANNER DR WESLEY CHAPEL FL 33543		7. Name and Address of New Registered Agent Name James Hathaway, President Street Address (P.O. Box Number is Not Acceptable) 1936 Twisting Lane Wesley Chapel City FL Zip Code 33543	
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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 \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARCHIBALD, DUANE 28715 TANNER DR WESLEY CHAPEL FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Hathaway, JAMES 1936 Twisting Lane Wesley Chapel, FL 33543 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURCHFIELD, MAC 1922 TIDEWATER CT WESLEY CHAPEL FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer McKendree, Jade 1907 Twisting Lane Wesley Chapel, FL 33543 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOEGER, LIZ 1922 TWISTING LN WESLEY CHAPEL FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY McCoolle, JAMES 1828 Thistle Ct Wesley Chapel, FL 33543 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASTER, LEONARD 28417 TRIDENT CT WESLEY CHAPEL FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEHNDER, JAMES 28709 TANNER DR WESLEY CHAPEL FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KOPP, MARK 1846 Tamarac Ct. Wesley Chapel, FL 33543 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYCROFT, WALTER 1814 THISTLE CT WESLEY CHAPEL FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MORRISON, TODD 1815 Thistle Court Wesley Chapel, FL 33543 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM McCoolle **JIM McCoolle** 4/28/05 813318-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


ATTACHMENT

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40079786



1st MOORE CR2E037 (10/04)

DOCUMENT # 754017			
1. Entity Name THE WOODLAND OWNERS ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 2492 FORT PIERCE FL 34954		Mailing Address P.O. BOX 2492 FORT PIERCE FL 34954	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2728592		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PRICE - KEMLAGE, DONNA 2516 SOUTH 19TH STREET BUILDING 1, APT. 104 FORT PIERCE FL 34982		7. Name and Address of New Registered Agent Name CORNETT, GODGE AND ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 401 S.E. OSCEOLA ST. City STUART FL Zip Code 34994	
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. WAS THE REGISTERED AGENT SINCE 2004 WILL REMAIN FOR 2005			
SIGNATURE SARAH NALL WDRSHAM, ESQ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PMD CARBONARA, JOHN M 2516 S. 19TH ST., BLDG. 1, APT. 106 FORT PIERCE FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW OFFICER LIST FOR 2005/2006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ERICA EDEN (EDEN, ERICA) 2516 S. 19th ST., BLDG. 1, APT. 201 FT. Pierce, FL. 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FEE, MARY K 1300 SEAWAY DR. A-4 FT PIERCE FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE KLEJA (KLEJA, JOYCE) 2517 S. 17th ST., BLDG. III, APT. 106 FT. PIERCE, FL. 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRICE-KEMLAGE, DONNA 2516 S. 19TH ST., BLDG. 1, APT. 104 FORT PIERCE FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, Lynn 2517 S. 17th ST., BLDG. III, APT. 107 FT. PIERCE, FL. 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FINNEY, SONJA 10960 PINE CREEK LANE PORT SAINT LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRDH MENDER, ANDREW 2516 S. 19th ST., BLDG. 1, APT. 103 FT. PIERCE, FL. 34982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCGUINNESS, PAUL 1766 SW ALBERCA LANE PORT SAINT LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RAMSHAW, CAITLIN 2516 S. 19TH ST., BLDG. I., APT. 108 FORT PIERCE FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Price - Kemlage - DONNA PRICE-KEMLAGE (TREASURER) 04/27/05 772 462-2514