


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90070 010 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2452555		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HATHAWAY, JAMES 1936 TWISTING LANE WESLEY CHAPEL FL 33543		7. Name and Address of New Registered Agent Name PERRY, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 1928 TWISTING LANE City WESLEY CHAPEL FL 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 *William E Perry President* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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 ALBERTSON, TAMMY 1853 TUMBELEWEED CT ZEPHYRHILLS FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP BEURKENS, ROBERT 28555 TWINDROOK WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T WALTERS, MARY 28223 TANGLEWOOD DR ZEPHYRHILLS FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WESLEY CHAPEL FL 33543
TITLE NAME STREET ADDRESS CITY ST ZIP	S KAMRAS, KATHLYN 1906 THISTLE CT ZEPHYRHILLS FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WESLEY CHAPEL FL 33543
TITLE NAME STREET ADDRESS CITY ST ZIP	D PERRY, BILL 1928 TWISTING LN ZEPHYRHILLS FL 33-5423 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D SCHIPP, JAMES E 1933 TAMPA BAY DR WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY ST ZIP	D EMRICH, PATRICK 1828 TAMPA BAY DR ZEPHYRHILLS FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DYKES, DIANA 1921 TUPALO WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY ST ZIP	D RODRIGUEZ, DIEGO 1833 THISTLE CT ZEPHYRHILLS FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JENSON, CLEM 28710 TWINDROOK WESLEY CHAPEL FL 33543

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William E Perry Pres.* *William E Perry* *4/11/07* *President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #