

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90077 038 \*\*\*\*61.25



**DOCUMENT # N04000001631**

1. Entity Name  
**TANGERINE AVENUE ROAD REPAIR ASSOCIATION, INC.**

Principal Place of Business 24646 TANGERINE AVENUE PT. CHARLOTTE, FL 33980	Mailing Address 24646 TANGERINE AVENUE PT. CHARLOTTE, FL 33980
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01282005 Chg-NP CR2E037 (10/03)

4. FEI Number  Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

**STARRETT, TRACEY B ESQ.**  
434 SOUTH WASHINGTON BOULEVARD  
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name Kenneth L. Alflen  
Street Address (P.O. Box Number is Not Acceptable)  
24646 Tangerine Ave.  
City Port Charlotte **FL** Zip Code 33980

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P, T	<input type="checkbox"/> Delete
NAME	ALFLEN, KENNETH	
STREET ADDRESS	24646 TANGERINE AVENUE	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33980	
TITLE	VP, S	<input checked="" type="checkbox"/> Delete
NAME	WHITE, KATHRYN	
STREET ADDRESS	24485 TANGERINE AVENUE	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33980	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Al Eischele	
STREET ADDRESS	24858 Tangerine	
CITY-ST-ZIP	Port Charlotte FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:** [Signature] \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_