

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05144

FILED  
Jan 19, 2006  
Secretary of State

**Entity Name:** TANGLEWOOD PROFESSIONAL COMPLEX OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2109 59TH ST W  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

**Current Mailing Address:**

3503 20TH AVENUE DRIVE WEST  
BRADENTON, FL 34205 US

**New Mailing Address:**

**FEI Number:** 59-2480617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARENT, WILLIAM M..  
3503 20TH AVE DR W  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JONGH, DE  
Address: 2111 59TH ST W  
City-St-Zip: BRADENTON, FL 34209

Title: DP ( ) Delete  
Name: WALTERS, DAVID  
Address: 300 RIVERSIDE DR E  
City-St-Zip: BRADENTON, FL 34209

Title: DST ( ) Delete  
Name: COHEN, DANIEL,  
Address: 2107 59TH ST. W.  
City-St-Zip: BRADENTON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ZAMIKOFF, IRVING  
Address: 2103 59TH ST W  
City-St-Zip: BRADENTON, FL 34209

Title: TREA (X) Change ( ) Addition  
Name: PARENT, WILLIAM M  
Address: 3503 20TH AVE DR W  
City-St-Zip: BRADENTON, FL 34205

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING ZAMIKOFF

P

01/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date