

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 9:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N10491 (1)

1. Corporation Name

**TANGLEWOOD VILLAS OF LELY HOMEOWNERS' ASSOCIATIO
N, INC.**

Principal Place of Business

Mailing Address

**C/O R. & P. MANAGEMENT
265 AIRPORT RD S
NAPLES FL 33962**

**C/O R. & P. MANAGEMENT
265 AIRPORT RD S
NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/31/1985** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-2629753** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**R AND P MANAGEMENT ASS
265 AIRPORT ROAD SOUTH
NAPLES FL 33942**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD**
NAME **DRUGAN, HAL**
STREET ADDRESS **440 ST. ANDREWS BLVD**
CITY - ST - ZIP **NAPLES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **PD**
NAME **PRANTL, HENRY (RICK)**
STREET ADDRESS **ST ANDREWS BLVD**
CITY - ST - ZIP **NAPLES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D**
NAME **RICKETTS, ONNOLEE**
STREET ADDRESS **103 QUAIL HOLLOW COURT**
CITY - ST - ZIP **NAPLES FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **BENSEN, RUSSELL**
3.3 STREET ADDRESS **456 St. Andrews Blvd**
3.4 CITY - ST - ZIP **Naples, FL 33962**

TITLE **TD**
NAME **HASKELL, MARGARET**
STREET ADDRESS **101 QUAIL HOLLOW COURT**
CITY - ST - ZIP **NAPLES FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **PATTERSON, WILLIAM**
4.3 STREET ADDRESS **462 St. Andrews Blvd.**
4.4 CITY - ST - ZIP **Naples, FL 33942**

TITLE **SD**
NAME **SMITH, GRACE**
STREET ADDRESS **118 QUAIL HOLLOW COURT**
CITY - ST - ZIP **NAPLES FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **NOE, ROBERT**
6.3 STREET ADDRESS **107 Quail Hollow Court**
6.4 CITY - ST - ZIP **Naples, FL 33942**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Henry A. Prantl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TANGLEWOOD VILLAS OF LELY HOMEOWNERS ASSOCIATION (Cmt'd)
FEI Number 59-2629753

Addition Board Member:

D
EZELL, CLAY
411 St. Andrews Blvd
Naples, FL 33962