

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16240** (6)
1. Corporation Name
TANGLEWOOD NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
% ARENA MANAGEMENT GROUP, INC.
3485 W. VINE ST.
KISSIMEE FL 34741
US

3. Date Incorporated or Qualified **08/06/1986** 3a. Date of Last Report **04/05/1995**
4. FEI Number **59-2682500** 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**
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
ARENA MANAGEMENT GROUP, INC.
3485 W. VINE ST.
KISSIMEE FL 34741

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **KODELL, JACK** DELETE
14542 MANDOLIN DR.
ORLANDO FL 32837
VD **EVANS, JOYCE** DELETE
14575 MANDOLIN DR.
ORLANDO FL 32837
STD **MARON, LORAIN** DELETE
2532 CLARINET DR.
ORLANDO FL 32837
D **LORRAINE, BILL** DELETE
14303 MANDOLIN DR.
ORLANDO FL 32837
D **JEBNAILEY, CHARLES** DELETE
13301 S. ORANGE BLOSSOM TR. STE 206
ORLANDO FL 32837
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME **KODELL, JACK**
1.3 STREET ADDRESS **14542 MANDOLIN DR.**
1.4 CITY-ST-ZIP **ORLANDO, FL 32837**
2.1 TITLE **D** Change Addition
2.2 NAME **EVANS, JOYCE**
2.3 STREET ADDRESS **14575 MANDOLIN DR.**
2.4 CITY-ST-ZIP **ORLANDO, FL 32837**
3.1 TITLE **VD** Change Addition
3.2 NAME **MARON, LORAIN**
3.3 STREET ADDRESS **2532 CLARINET DR.**
3.4 CITY-ST-ZIP **ORLANDO, FL 32837**
4.1 TITLE **D** Change Addition
4.2 NAME **BILL, LORRAINE**
4.3 STREET ADDRESS **14303 MANDOLIN DR.**
4.4 CITY-ST-ZIP **ORLANDO, FL 32837**
5.1 TITLE **STD** Change Addition
5.2 NAME **GREEN, SHIRLEY**
5.3 STREET ADDRESS **14409 DULCIMER CT.**
5.4 CITY-ST-ZIP **ORLANDO, FL 32837**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: J. E. Kodell 4-5-96 (407) 847-9950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)