2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18248

FILED Apr 01, 2009 Secretary of State

Entity Name: TANGLEWOOD NEIGHBORHOOD ASSOCIATION AT HUNTER'S CREEK, INC.

Current Pri	incipal Place	of Busines	5:		New Princi	ipal Place of	f Business	:	
SUITE 3310	TMONTE DRI') TE SPRINGS, I		US		14101 TOW ORLANDO,	/N CENTER , FL 32837	BOULEVA US	RD	
Current Mailing Address:					New Mailing Address:				
PO BOX 16 ALTAMON	2147 FE SPRINGS, I	FL 32716	US		14101 TOW ORLANDO,	/N CENTER , FL 32837	BOULEVA US	RD	
FEI Number:	59-2933929	FEI Number	Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate	of Status Desired ()
Name and	Address of C	urrent Regi	stered Agent:		Name and	Address of	New Regis	tered Agent:	
WOMACK, ELLEN R AGENT 225 S WESTMONTE DRIVE SUITE 3310 ALTAMONTE SPRINGS, FL 32714 US The above named entity submits this statement for the numbers of					MONGOVEN, JOHN T AGENT 14101 TOWN CENTER BOULEVARD ORLANDO, FL 32837 US of changing its registered office or registered agent, or both,				
in the State		ubillits tills s	statement for the pu	ii pose o	r changing it	s registered (onice or reg	jistered agent, or	DOIII,
SIGNATUR	E: <u>JOHN T. N</u>						04/	01/2009	
	Electroni	c Signature	of Registered Ager	nt			D	ate	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () WEBB III, WILLI 14344 MANDOL ORLANDO, FL	IN DRIVE			Title: Name: Address: City-St-Zip:	() Change()	Addition	
Title: Name: Address: City-St-Zip:	DV () SMITH, MICHAE 14324 DULCIME ORLANDO, FL	R CT			Title: Name: Address: City-St-Zip:	() Change()	Addition	
Title: Name: Address: City-St-Zip:	DV () JENKINS, JUDY 14309 MANDOL ORLANDO, FL	IN DRIVE			Title: Name: Address: City-St-Zip:	() Change()	Addition	
Title: Name: Address: City-St-Zip:	TD () SANDBERG, DA 14343 TAMBOUI ORLANDO, FL	RINE DR			Title: Name: Address: City-St-Zip:	() Change()	Addition	
Title: Name: Address: City-St-Zip:	SD () ESTRELLA, LISS 14345 MANDOL ORLANDO, FL 3	IN DR			Title: Name: Address: City-St-Zip:	SD () MAROON, LOI 2532 CLARINE ORLANDO, FL	ET DRIVE) Addition	
Title: Name: Address: City-St-Zip:	()	Delete			Title: Name: Address: City-St-Zip:	D (TORRE, MIKE 14321 MANDO ORLANDO, FL	LIN DRIVE) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM WEBB PD 04/01/2009