

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90290 035 ****61.25

DOCUMENT # N19440

1. Entity Name
**THE HOMEOWNERS ASSOCIATION OF TANGLEWOOD
VILLAGE INC.**



Principal Place of Business
**2005 MASTERS WAY
PLANT CITY, FL 33566 US**

Mailing Address
**2005 MASTERS WAY
PLANT CITY, FL 33566 US**

00063101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2778003

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMILTON, MARY
2005 MASTERS WAY
PLANT CITY, FL 33566**

Name **BRUCE SUTCLIFFE**

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

2004 MASTERS WAY

City **PLANT CITY**

FL

Zip Code

33566

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

(NOTE: Registered Agent signature required when renewing.)

DATE

4/7/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME HAMILTON, MARY
STREET ADDRESS 2005 MASTERS WAY
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE PD ☒ Change ☐ Addition
NAME BRUCE SUTCLIFFE
STREET ADDRESS 2004 MASTERS WAY
CITY-ST-ZIP PLANT CITY FL 33566

TITLE VD ☒ Delete
NAME SUTCLIFFE, BRUCE
STREET ADDRESS 2004 MASTERS WAY
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SUTCLIFFE, SANDY
STREET ADDRESS 2004 MASTERS WAY
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME SHEFFIELD, STEVE
STREET ADDRESS 1908 MASTERS WAY
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE TD, VD ☒ Change ☐ Addition
NAME TAMMY ARNOLD
STREET ADDRESS 2701 FAIRWAY DR SO.
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **Sandra J. Sutcliffe SANDRA J. SUTCLIFFE**

4/7/06

813-754-5206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #