2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N19440

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

1. Entity Name THE HOMEOWNERS ASSOCIATION OF TANGLEWOOD VILLAGE INC.						(04-10-2006	90290 03:	5 ****6	1.25
Principal Place of Business 2005 MASTERS WAY PLANT CITY, FL 33566 US PLANT CITY, FL 33566 US							. OU	nėato	ſ	
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052006 _C	hg-NP	CR2E037	(11/05)	
City & State			City & State			4. FEI Number 59-277800	3			plied For t Applicable
Zip		Country	Zip	Country		5. Certificate of St		Fe	3.75 Addi e Required	
Name and Address of Current Registered Agent						7. Name and Add			ent	
HAMILTON, MARY					RUC		CLIFF			
2005 MASTERS WAY PLANT CITY, FL 33566					Street Address (P.O. Box Number is Not Acceptable)					
PLANT CITY, PL 33500						# MA:	STERS	WAY	/	
				City	LANT	r City		FL	Zip Code	3566
	named entiti ions of regist		for the purpose of changing it	s registered office o	r registen	ed agent, or both, in	the State of Fic	orida. I am fam	niliar with,	and accept
SIGNATURE Signature, typed or sprinted name of registered apent and tide it applicable. (NOTE: Registered Apont is								4/	7/0	6
	Signature, typed	or infinited name of registered ago	ent and title if applicable. (NC	TE Registered Agent signal	peumber eurn	when reinstating)		DATE		
Filling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign F Trust Fund Contribut							,			
	_					\$5.00 May Be Added to Fees		lake check p Ida Departm		
10.	_		Trust Fund		, , , ,	Added to Fees ADDITIONS/CHANG	Flor	ida Departm	ent of St	ate
TITLE	PD PD	Aay 1, 2006 OFFICERS AND I	Trust Fund	Contribution. 11. IIILE	PD	Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	RS AND DIREC	ent of St	ate
TITLE NAME	PD HAMILTO	May 1, 2006 OFFICERS AND I	Trust Fund	TITLE NAME	PD	Added to Fees ADDITIONS/CHANG	ES TO OFFICE TCLIFI	RS AND DIRECT	ent of St	10
TITLE	PD HAMILTO	Aay 1, 2006 OFFICERS AND I	Trust Fund	Contribution. 11. IIILE	PD BR 200	Added to Fees ADDITIONS/CHANG	ES TO OFFICE TCLIFE STERS	RS AND DIRECTORY WAY	ent of St CTORS IN Change	10
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итоканов от и из тероит от опровтенным тероит в игое ано ассывае ано ига тпу signature втам паче иле ватне tegal effect as it made under dain; mat 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.