


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90100 025 ****61.25

DOCUMENT # N19440 1. Entity Name THE HOMEOWNERS ASSOCIATION OF TANGLEWOOD VILLAGE INC.	
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Principal Place of Business 2005 MASTERS WAY PLANT CITY FL 33566 US	Mailing Address 2005 MASTERS WAY PLANT CITY FL 33566 US
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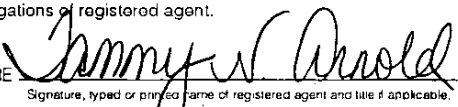
2. Principal Place of Business - No P.O. Box # 2701 Fairway Drive S Suite, Apt. #, etc.	3. Mailing Address 2701 Fairway Drive S Suite, Apt. #, etc.
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City & State Plant City, FL Zip 33566-0919 Country USA	City & State Plant City FL Zip 33566-0919 Country USA
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4. FEI Number 59-2778003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SUTCLIFFE, BRUCE 2004 MASTERS WAY PLANT CITY FL 33566	7. Name and Address of New Registered Agent Name TAMMY N. ARNOLD Street Address (P.O. Box Number is Not Acceptable) 2701 FAIRWAY DRIVE SOUTH City PLANT CITY FL 33566
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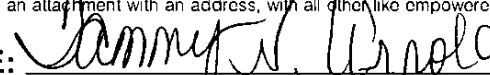
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **TAMMY N. ARNOLD, TREASURER 27 Apr 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUTCLIFFE, BRUCE 2004 MASTERS WAY PLANT CITY FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUTCLIFFE, SANDY 2004 MASTERS WAY PLANT CITY FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARNOLD, TAMMY 2701 FAIRWAY DR SOUTH PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLIE, DAVID 2701 FAIRWAY DRIVE SOUTH PLANT CITY, FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, CARL 2705 FAIRWAY DRIVE SOUTH PLANT CITY, FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVERIDGE, HELEN 1903 MASTERS WAY PLANT CITY, FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **TAMMY N. ARNOLD, TREASURER 27 Apr 2007 (813) 248-8844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #