2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# N19440

Entity Name: THE HOMEOWNERS ASSOCIATION OF TANGLEWOOD VILLAGE INC.

Current Principal Place of Business:

2701 FAIRWAY DRIVE S.
PLANT CITY, FL 33566 US

New Principal Place of Business:

2701 FAIRWAY DRIVE SOUTH
PLANT CITY, FL 33566 US

Current Mailing Address:

2701 FAIRWAY DRIVE S.
PLANT CITY, FL 33566 US

New Mailing Address:

2701 FAIRWAY DRIVE SOUTH
PLANT CITY, FL 33566 US

FEI Number: 59-2778003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARNOLD, TAMMY N
2701 FAIRWAY DRIVE SOUTH
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ARNOLD, TAMMY
Address: 2701 FAIRWAY DR SOUTH
City-St-Zip: PLANT CITY, FL 33566

Title: PD ( ) Delete
Name: ALLIE, DAVID
Address: 2710 FAIRWAY DRIVE SOUTH
City-St-Zip: PLANT CITY, FL 33566

Title: SD ( ) Delete
Name: HARVEY, CARL
Address: 2705 FAIRWAY DRIVE SOUTH
City-St-Zip: PLANT CITY, FL 33566

Title: VD ( ) Delete
Name: EVERIDGE, HELEN
Address: 1903 MASTERS WAY
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ARNOLD, TAMMY
Address: 2701 FAIRWAY DRIVE SOUTH
City-St-Zip: PLANT CITY, FL 33566

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TAMMY N. ARNOLD TD 06/26/2009
Electronic Signature of Signing Officer or Director — Date