



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90447 027 \*\*\*\*61.25

|  |                          |   |   |   |  |
|--|--------------------------|---|---|---|--|
| <b>DOCUMENT # N22335</b><br>1. Entity Name<br><b>TANGLEWOOD LAKES SOUTH HOMEOWNERS ASSOCIATION, INC.</b>   |                          |   |   |                      |  |
| Principal Place of Business<br><b>LANDMARK MANAGEMENT SERVICES</b><br><b>12323 SW 55TH STREET BLDG 1000 STE 1002</b><br><b>COOPER CITY, FL 33330</b>   |                          |   | Mailing Address<br><b>12323 SW 55TH STREET</b><br><b>SUITE 1002</b><br><b>COOPER CITY, FL 33330</b>   |   |  |
| 2. Principal Place of Business<br><i>Landmark Management</i><br>Suite, Apt. #, etc.<br><i>1941 NW 150 Ave</i><br>City & State<br><i>Pembroke Pines FL</i><br>Zip<br><i>33028</i>   |                          | 3. Mailing Address<br><i>Landmark Management</i><br>Suite, Apt. #, etc.<br><i>1941 NW 150 Ave</i><br>City & State<br><i>Pembroke Pines, FL</i><br>Zip<br><i>33028</i> |   | <b>50015034</b><br> |  |
| 4. FEI Number<br><b>65-0005969</b>   |                          | Applied For<br><input type="checkbox"/> Not Applicable  |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                          |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LANDMARK MANAGEMENT SERVICE</b><br><b>12323 SW 55TH STREET</b><br><b>SUITE 1002</b><br><b>COOPER CITY, FL 33330</b>  |                          |   | 7. Name and Address of New Registered Agent<br>Name <i>Landmark Management</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>1941 NW 150 Avenue</i><br>City <i>Pembroke Pines FL FL</i> Zip Code <i>33028</i> |   |  |
| 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.<br><br>SIGNATURE <i>[Signature]</i> DATE <i>4/3/06</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                          |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |                          |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                          |   |   |   |  |
| TITLE  | VPD                      | <input type="checkbox"/> Delete   |   |   |  |
| NAME   | BERTRAND, ALI-BOCAS      |   |   |   |  |
| STREET ADDRESS   | 1600 SW 98 AVENUE        |   |   |   |  |
| CITY-ST-ZIP  | PEMBROKE PINES, FL 33024 |   |   |   |  |
| TITLE  | TD                       | <input type="checkbox"/> Delete   |   |   |  |
| NAME   | RUBINO, BARBARA          |   |   |   |  |
| STREET ADDRESS   | 9970 S.W. 14TH STREET    |   |   |   |  |
| CITY-ST-ZIP  | PEMBROKE PINES, FL 33025 |   |   |   |  |
| TITLE  | D                        | <input type="checkbox"/> Delete   |   |   |  |
| NAME   | SMITH, WILLIAM           |   |   |   |  |
| STREET ADDRESS   | 1621 S.W. 98 AVE         |   |   |   |  |
| CITY-ST-ZIP  | PEMBROKE PINES, FL 33025 |   |   |   |  |
| TITLE  | PD                       | <input checked="" type="checkbox"/> Delete  |   |   |  |
| NAME   | FLETCHER, VERNON         | <i>Deceased</i>   |   |   |  |
| STREET ADDRESS   | 9820 SW 14 STREET        |   |   |   |  |
| CITY-ST-ZIP  | PEMBROKE PINES, FL 33025 |   |   |   |  |
| TITLE  |                          | <input type="checkbox"/> Delete   |   |   |  |
| NAME   |                          |   |   |   |  |
| STREET ADDRESS   |                          |   |   |   |  |
| CITY-ST-ZIP  |                          |   |   |   |  |
| TITLE  |                          | <input type="checkbox"/> Delete   |   |   |  |
| NAME   |                          |   |   |   |  |
| STREET ADDRESS   |                          |   |   |   |  |
| CITY-ST-ZIP  |                          |   |   |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |                          |   |   |   |  |
| TITLE  |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| NAME   |                          |   |   |   |  |
| STREET ADDRESS   |                          |   |   |   |  |
| CITY-ST-ZIP  |                          |   |   |   |  |
| TITLE  |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| NAME   |                          |   |   |   |  |
| STREET ADDRESS   |                          |   |   |   |  |
| CITY-ST-ZIP  |                          |   |   |   |  |
| TITLE  |                          | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                          |   |   |   |  |
| <b>SIGNATURE:</b> <i>Barbara Rubino</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                          |   |   |   |  |
| <small>Date Daytime Phone #</small>  |                          |   |   |   |  |