

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90068 025 ****61.25

DOCUMENT # N22335 1. Entity Name TANGLEWOOD LAKES SOUTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business LANDMARK MANAGEMENT SERVICES 1941 NW 150 AVE HOLLYWOOD, FL 33028			Mailing Address LANDMARK MANAGEMENT SERVICES 1941 NW 150 AVE HOLLYWOOD, FL 33028		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0005969	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANDMARK MANAGEMENT SERVICE 1941 NW 150 AVE HOLLYWOOD, FL 33028				Name ROBERT KAYE & ASSOC, P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6th Way Suite 103 City FT. LAUDERDALE FL Zip Code 33309	
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 <small>Signature, typed or printed name of registered agent, and title if applicable.</small>				DATE 4-18-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERTRAND, ALI-BOCAS		NAME		
STREET ADDRESS	1600 SW 98 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33024		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBINO, BARBARA		NAME	TSD RUBINO, BARBARA	
STREET ADDRESS	9970 S.W. 14TH STREET		STREET ADDRESS	9970 SW 14 ST	
CITY - ST - ZIP	PEMBROKE PINES, FL 33025		CITY - ST - ZIP	PEMBROKE PINES, FL 33025	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, WILLIAM		NAME	PD SMITH, WILLIAM	
STREET ADDRESS	1621 S.W. 98 AVE		STREET ADDRESS	1621 SW 98 AVE	
CITY - ST - ZIP	PEMBROKE PINES, FL 33025		CITY - ST - ZIP	PEMBROKE PINES, FL 33025	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/4/08 DAYTIME PHONE # 754 323-6750		