

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22335

FILED
Apr 03, 2009
Secretary of State

Entity Name: TANGLEWOOD LAKES SOUTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

LANDMARK MANAGEMENT SERVICES
1941 NW 150 AVE
HOLLYWOOD, FL 33028

New Principal Place of Business:

LANDMARK MANAGEMENT SERVICES
1941 NW 150 AVE
PEMBROKE PINES, FL 33028

Current Mailing Address:

LANDMARK MANAGEMENT SERVICES
1941 NW 150 AVE
HOLLYWOOD, FL 33028

New Mailing Address:

LANDMARK MANAGEMENT SERVICES
1941 NW 150 AVE
PEMBROKE PINES, FL 33028

FEI Number: 65-0005969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6TH WAY SUITE 103
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
C-207
FORT LAUDERDALE, FL 33312 US

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: CHARLES OTTO

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BERTRAND, ALI-BOCAS
Address: 1600 SW 98 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TSD () Delete
Name: RUBINO, BARBARA
Address: 9970 SW 14 ST.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: PD () Delete
Name: SMITH, WILLIAM
Address: 1621 SW 98 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PAM MCCRACKINE

CAM

04/03/2009

Electronic Signature of Signing Officer or Director

Date