

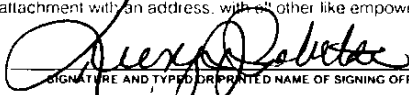


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>DOCUMENT # N23338</b><br>1. Entity Name<br><b>THE GARDENS OF TANGLEWOOD LAKES<br/>HOMEOWNERS ASSOCIATION, INC.</b>   |   |   |  |                            |   |
| Principal Place of Business<br><b>C/O MIAMI MANAGEMENT, INC.<br/>1189 SAWGRASS CORPORATE PKWY<br/>SUNRISE, FL 33323</b>   |   |   |  | Mailing Address<br><b>C/O MIAMI MANAGEMENT, INC.<br/>1189 SAWGRASS CORPORATE PKWY<br/>SUNRISE, FL 33323</b> |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                       |  |                           |   |
| 4. FEI Number<br><b>65-0028993</b>  |   |   |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable                  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |   |  | 06202007    Chg-NP    CR2E037 (12/06)   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BAKALAR &amp; EICHNER, PA<br/>WESTSIDE COPORATE CTR<br/>150 S PINE ISLAND RD STE 540<br/>FORT LAUDERDALE, FL 33324</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |   |   |
| <b>Amended AR is \$61.25</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>GORDON, DENISE<br>311 SE 100 TERR<br>PEMBROKE PINES, FL        | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Vice President<br>Robertson, Kenya<br>9800 SW 2nd ST<br>Pembroke Pines FL 33025 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>SIMPSON, RICHARD<br>290 SW 100 AVE<br>PEMBROKE PINES, FL     | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Hale, Thomas<br>281 SW 99 ave<br>Pembroke Pines FL 33025                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>WILLIAMS, PHILLIP<br>291 SW 100 AVE<br>PEMBROKE PINES, FL     | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 900108027199<br>08/14/07--01016--001 **61.25                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MCDONALD, MICHAEL<br>230 S.W. 98 TERRACE<br>PEMBROKE PINES, FL | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ROBERTSON, KENYA<br>9800 SW 2ND ST<br>HOLLYWOOD, FL 33020      | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  <div style="float: right; text-align: right;">           6-21-07<br/> <small>Doc#      Duplicating Fee: \$</small> </div>  |   |   |  |   |   |