2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State
02-18-2008 90010 008 ****61.25

DOCUMENT # N23338

1. Entity Name
THE GARDENS OF TANGLEWOOD LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0028993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKALAR & EICHNER, PA WESTSIDE COPORATE CTR 150 S PINE ISLAND RD STE 540 FORT LAUDERDALE, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GORDON, DENISE 311 SE 100 TERR PEMBROKE PINES, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALE, THOMAS 281 SW 99 AVENUE PEMBROKE PINES, FL 33025	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HALE, Thomas 281 sw 99 avenue Pembroke Pines FL 33025 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, PHILLIP 291 SW 100 AVE PEMBROKE PINES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONALD, MICHAEL 230 S.W. 98 TERRACE PEMBROKE PINES, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP McDonald, Michael 230sw 98 terrace Pembroke Pines FL 33025 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERTSON, KENYA 9800 SW 2ND ST PEMBROKE PINES, FL 33025	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Robertson Keenya 9800 SW 2ND Street Pembroke Pines FL 33025 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REID, Fred 9831 sw 2 street Pembroke Pines, FL 33025 ☐ Change ☑ 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: _____ 1/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #