


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90440 027 ****61.25

DOCUMENT # N25245	
1. Entity Name THE ESTATES OF TANGLEWOOD LAKES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business MIAMI MGMT, INC. 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323	Mailing Address MIAMI MGMT, INC. 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323
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40090648



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

04052007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53RD STREET SUITE 300 BOCA RATON, FL 33487	
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7. Name and Address of New Registered Agent	
Name Brough, Chadrow and Levine	Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 1900 North Commerce Parkway, Weston	
City Weston	Zip Code FL 33326

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: *Scott J. Levine, Esq. for Brough, Chadrow & Levine, P.A.*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: **4/20/07**

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STEVENS, HARRY 9360 SW 8TH ST PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACKSON, ARTHUR 9310 SW 6TH STREET PEMBROKES PINES, FL 33025 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOOERS, CLAIRE 9301 SW 6TH STREET PEMBROKES PINES, FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HYLOR, ANGELA 9401 SW 8 STREET PEMBROKE PINES, FL 33025 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBER, DAVID 750 SW 94 TERR PEMBROKES PINES, FL 33025 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAMERSON, MARJORIE 620 SW 94 TERR PEMBROKES PINES, FL 33025 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President WEBER, David 750 SW 94 TERR P. Pines FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President HYLOR, Angela 9401 SW 8 STREET P. Pines FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Ockerman, David 9350 SW 8 ST P. Pines FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gonsalves, Carol 710 SW 93 TERR P. Pines, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *Angela M. Hylor* **954.392.8517**
Signature and typed or printed name of signing officer or director Date Daytime Phone #