

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25935 (0)

1. Corporation Name
RESIDENTS OF TANGLEWOOD ASSOCIATION, INC.



Principal Place of Business 3968 RIDGEWOOD DR. TITUSVILLE FL 32796 US	Mailing Address P. O. BOX 6601 TITUSVILLE FL 32782-6601 US
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3. Date Incorporated or Qualified 04/15/1988	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number 59-2949209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRESLIN, JAMES G
3968 RIDGEWOOD DR.
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)	83	84 City	85 FL	86 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	PRINGLE, MATT R
STREET ADDRESS	3969 RIDGEWOOD DR.
CITY-ST-ZIP	TITUSVILLE FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	BRESLIN, JAMES G
STREET ADDRESS	3968 RIDGEWOOD DR.
CITY-ST-ZIP	TITUSVILLE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MERRIMAN, DAVE
STREET ADDRESS	3971 RIDGEWOOD DR.
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VAN NESS, V.N.
STREET ADDRESS	702 GARDEN STREET, SUITE A
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STEVENS, MICHAEL
STREET ADDRESS	848 TRAILWOOD DRIVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SUMLIN, WAYNE C.
STREET ADDRESS	3949 RIDGEWOOD DRIVE
CITY-ST-ZIP	TITUSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *JAMES G BRESLIN* **JAMES G BRESLIN** 26 APR 97 407 2680171
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018204

CR2E037 (9/96)