

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 FEB 28 PM 1:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N25935

1. Corporation Name

RESIDENTS OF TANGLEWOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3968 TANGLE DR. Titusville, FL 32796

P.O. Box 6601 Titusville, FL 32782-6601

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

3968 TANGLE DR. Suite, Apt. #, etc.

26 P.O. Box 6601 Suite, Apt. #, etc.

April 15, 1988

27

4. FEI Number 59-2949209

Applied For Not Applicable

28

5. Certificate of Status Desired

\$8.75 Additional Fee Required

28 Titusville, FL

29 32782-6601 USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State Titusville, FL

City & State

28 Titusville, FL

29 32782-6601 USA

Zip Country 32796 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name JOHN GRAVES

82 Street Address (P.O. Box Number is Not Acceptable) 3968 TANGLE DR.

83

84 City TITUSVILLE FL 85 Zip Code 32796

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 [Signature] JOHN A. GRAVES

15 FEB 00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include President/Director Matthew R. Pringle, Treasurer/Director James G. Breslin, Vice President/Director John Graves.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include President/Director John Graves, Treasurer/Director Laurie Schreck, Vice President/Director Darell Adams, Secretary Michelle Murphy.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered.

SIGNATURE: [Signature]

15 FEB 00

321-867-0630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)