

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25935

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** RESIDENTS OF TANGLEWOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

3967 RIDGEWOOD DR  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 6601  
TITUSVILLE, FL 32782 US

**New Mailing Address:**

P. O. BOX 514  
TITUSVILLE, FL 32782 US

FEI Number: 59-2949209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEISER, SCOTT J  
3967 RIDGEWOOD DR  
TITUSVILLE, FL 32796 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GEISER, SCOTT J  
Address: 3967 RIDGEWOOD DR  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: VP  
Name: SCARBOROUGH, JASON  
Address: TANGLE DRIVE  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: S  
Name: SPINELLA, PAM  
Address: 3792 TANGLE DR  
City-St-Zip: TITUSVILLE, FL 32796

Title: T  
Name: ALLRED, PATRICIA  
Address: 837 CRESTWOOD AVE  
City-St-Zip: TITUSVILLE, FL 32796

Title: D  
Name: MOCERI, KENNA  
Address: 3989 TANGLE DR  
City-St-Zip: TITUSVILLE, FL 32796

Title: D  
Name: SPINELLA, ANTHONY  
Address: 3792 TANGLE AVE  
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA ALLRED

T

01/07/2011

Electronic Signature of Signing Officer or Director

Date