

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26221

1. Entity Name

TANGLEWOOD NEIGHBORS' ASSOCIATION, INC.

Principal Place of Business

2767 CACTUS DRIVE
ORANGE PARK FL 32065-7404

Mailing Address

P.O. BOX 337
DRS. INLET FL 32030-0337

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2961370**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOLLEY, EDITH
2761 SHARPES CT
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD BREMER, SHARON L	<input type="checkbox"/> Delete
STREET ADDRESS	2767 CACTUS DR.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE NAME	TD PHILLIPS, CANDACE	<input type="checkbox"/> Delete
STREET ADDRESS	2826 COMMANCHE AVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE NAME	SD TOLLEY, EDITH	<input type="checkbox"/> Delete
STREET ADDRESS	2761 SHARPES CT.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Isithure Neolleged
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/00 904-272-3351
Date Daytime Phone #

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90009 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)