

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90143 036 ****61.25

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 30337
ORANGE PARK FL 32065-0337

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

BARTON, CAROLE J
353 TANGLEWOOD BLVD
ORANGE PARK FL 32065-7514

Name **SHARON L. BREMER**

Street Address (P.O. Box Number is Not Acceptable)

2767 CACTUS DRIVE

City **ORANGE PARK**

FL

Zip Code **32065-7404**

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 *Sharon L. Bremer*

SHARON L. BREMER

02-18-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BREMER, SHARON L.**
STREET ADDRESS **2767 CACTUS DRIVE**
CITY-ST-ZIP **ORANGE PARK FL 32065-7404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **GREEN, RONALD E**
STREET ADDRESS **2818 KIOWA AVENUE**
CITY-ST-ZIP **ORANGE PARK FL 32065-7467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **FINK, WILLIAM E**
STREET ADDRESS **2662A SAN FRANCISCO BLVD**
CITY-ST-ZIP **ORANGE PARK FL 32065-8698**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PHILLIPS, CANDACE**
STREET ADDRESS **2826 COMMACHE AVENUE**
CITY-ST-ZIP **ORANGE PARK FL 32065-7447**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **BARTON, CAROLE J**
STREET ADDRESS **353 TANGLEWOOD BLVD**
CITY-ST-ZIP **ORANGE PARK FL 32065-7514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASD** ☐ Delete
NAME **KELL, DELPHINE L**
STREET ADDRESS **1270 CHICKASAW COURT**
CITY-ST-ZIP **ORANGE PARK FL 32065-7408**

TITLE **SD** ☒ Change ☐ Addition
NAME
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 to this report, with all other filers empowered.

SIGNATURE: *CANDACE PHILLIPS*

02-18-03 (904) 276-0624

CR2E037 (10/02)