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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27550 (5)  
1. Corporation Name  
THE PARK AT TANGLEWOOD LAKES CONDOMINIUM, INC.



Principal Place of Business: 721 SW 96TH AVE, PEMBROKE PINES FL 33025 US  
Mailing Address: 721 S.W. 96TH AVE, PEMBROKE PINES FL 33025-1101

3. Date Incorporated or Qualified: 07/22/1988  
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. <i>40 Summit Prop Mgmt.</i>	25. <i>40 Summit Prop Mgmt.</i>	65-0093212	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22. <i>P.O. Box 189013</i>	27. <i>P.O. Box 189013</i>	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23. <i>Plantation</i>	28. <i>Plantation</i>	<input type="checkbox"/>	
Zip	Country	29. <i>33318</i>	30. <i>USA</i>
24. <i>33318</i>	25. <i>USA</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81. <i>SPIVEY, BILL G.</i>	81. <i>40 Summit Property Mgmt.</i>
82. <i>211 SW 95TH AVE UNIT 106</i>	82. <i>4430 W. GULFSTREAM BLVD</i>
83. <i>PEMBROKE PINES FL 33025</i>	83. <i>C-100</i>
	84. <i>Plantation FL 33313</i>

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: *Gail H. Sangunett* Gail H. Sangunett, V.P. - Administration 2/7/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>SBT</i> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, SANDRA J.	1.2 NAME	<i>MAULDING, EARL</i>
STREET ADDRESS	151 SW 95TH TERRACE #102	1.3 STREET ADDRESS	<i>211 SW 95TH TERRACE</i>
CITY - ST - ZIP	PEMBROKE PINES FL	1.4 CITY - ST - ZIP	<i>Pembroke Pines FL</i>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<i>PD</i> Change <input checked="" type="checkbox"/> Addition
NAME	SPIVEY, BILL G.	2.2 NAME	
STREET ADDRESS	211 SW 95TH TERRACE #106	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	2.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>D</i> Change <input type="checkbox"/> Addition
NAME	DEMOREST, LORI	3.2 NAME	<i>SUREAN, NANCY</i>
STREET ADDRESS	210 S.W. 95 TERR	3.3 STREET ADDRESS	<i>151 SW 95TH TERRACE</i>
CITY - ST - ZIP	PEMBROKE PINES FL	3.4 CITY - ST - ZIP	<i>Pembroke Pines FL</i>
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>D</i> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, FRANK E.	4.2 NAME	<i>Stephens, MARLENE</i>
STREET ADDRESS	721 SW 96TH AVE	4.3 STREET ADDRESS	<i>9521 SW 1st Court</i>
CITY - ST - ZIP	PEMBROKE PINES FL	4.4 CITY - ST - ZIP	<i>Pembroke Pines FL</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<i>D</i> Change <input checked="" type="checkbox"/> Addition
NAME	RAFORD, GLORIA	5.2 NAME	<i>Shuman, William T.</i>
STREET ADDRESS	151 SW 95 TERR #104	5.3 STREET ADDRESS	<i>151 SW 95TH TERRACE #103</i>
CITY - ST - ZIP	PEMBROKE PINES FL	5.4 CITY - ST - ZIP	<i>Pembroke Pines FL</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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(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.

SIGNATURE: *Bill G. Spivey* Bill G. Spivey 2/13/97 (954) 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023901

CR2E037 (9/96)