


FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27550 (5)**

1. Corporation Name  
**THE PARK AT TANGLEWOOD LAKES CONDOMINIUM, INC.**



Principal Place of Business <del>C/O SUMMIT PROPERTIES</del> P.O. BOX 189013 2421 SW 137th Ave. PLANTATION FL 33318 DAVIS, FL 33325 US	Mailing Address <del>C/O SUMMIT PROPERTIES</del> P.O. BOX 189013 2421 SW 137th Ave. PLANTATION FL 33318 DAVIS, FL 33325 US
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3. Date Incorporated or Qualified <b>07/22/1988</b>	
4. FEI Number <b>65-0093212</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>c/o Castle Group</b>	2a. Mailing Address 26 <b>c/o Castle Group</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

~~C/O SUMMIT PROPERTIES~~  
**4450 W SUNRISE BLVD  
STE G-100  
PLANTATION FL 33313**

**MICHE BROTHERS  
MBMT, INC  
2421 SW 137th Ave  
DAVIS, FL 33325.**

10. Name and Address of New Registered Agent

81 Name **MICHE BROTHERS, MBMT, INC  
Castle Property Services Group, Inc.**

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

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, Vice President - Administration 1/27/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SDT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAULDING, EARL</b>	1.2 NAME	
STREET ADDRESS	<b>211 SW 95TH TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPIVEY, BILL G.</b>	2.2 NAME	<b>PD</b>
STREET ADDRESS	<b>211 SW 95TH TERRACE #106</b>	2.3 STREET ADDRESS	<b>211 S.W. 95th Ter. #201</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	2.4 CITY-ST-ZIP	<b>Pembroke Pines, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DURAN, NANCY</b>	3.2 NAME	<b>SD</b>
STREET ADDRESS	<b>151 SW 95TH TERRACE</b>	3.3 STREET ADDRESS	<b>Stein, Sandra</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	3.4 CITY-ST-ZIP	<b>151 NW 95th Ter. #102</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENS, MARLENE</b>	4.2 NAME	
STREET ADDRESS	<b>9521 SW 1ST COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUMAN, WILLIAM T</b>	5.2 NAME	
STREET ADDRESS	<b>151 SW 95TH TERRACE, #103</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	5.4 CITY-ST-ZIP	
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 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 *Felix Vargas* **Felix Vargas, President 1/28/98 (954) 792-6000**

CFR2037 (10/97)