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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90229 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27550
 1. Corporation Name
THE PARK AT TANGLEWOOD LAKES CONDOMINIUM, INC.

Principal Place of Business 2421 SW 127TH AVE DAVIE FL 33325 US	Mailing Address 2421 SW 127TH AVE DAVIE FL 33325 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/22/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0093212
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MIELE BORTHERS 2421 SW 127TH AVE DAVIE FL 33325		81 Name	
		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: [Signature] DATE: 4/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAULDING, EARL	1.2 NAME	
STREET ADDRESS	211 SW 95TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, FELIX	2.2 NAME	
STREET ADDRESS	211 SW 95TH TERR #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, SANDRA	3.2 NAME	
STREET ADDRESS	151 NW 95TH TERR #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, MARLENE	4.2 NAME	
STREET ADDRESS	9521 SW 1ST COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN, WILLIAM T	5.2 NAME	
STREET ADDRESS	151 SW 95TH TERRACE, #103	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/8/99 DAYTIME PHONE #: 305-444-9208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)