

2000 UNIFORM BUSINESS REPORT (UBR)

4/10

FILED
May 17, 2000 8:00 am
Secretary of State

04-10-2000 90050 011 ****61.25

DOCUMENT # **N27550**
 1. Entity Name
PARK AT TANGLEWOOD LAKES CONDOMINIUMS, INC.

Principal Place of Business Mailing Address
2421 SW 127th AVENUE 2421 SW 127th AVENUE
DAVIE, FL 33325 DAVIE, FL 33325
US US

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 Applied For
65-0093212 Not Applicable

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

~~1-800-354-999~~

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MIELE BROTHERS MGMT., INC
2421 SW 127th AVENUE
DAVIE, FL 33325

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees **Make Check Payable to Department of State**

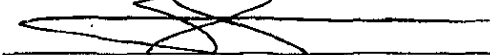
10. OFFICERS AND DIRECTORS

TITLE	P. D	<input type="checkbox"/> Delete
NAME	Vargas, Felix	
STREET ADDRESS	211 SW 95th TERRACE #201	
CITY-ST-ZIP	Pembroke Pines, FL 33025	
TITLE	V.P. D.	<input type="checkbox"/> Delete
NAME	MAULDING, EARL	
STREET ADDRESS	211 SW 95th TERRACE # 104	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	S-D	<input type="checkbox"/> Delete
NAME	STEIN, SANDRA	
STREET ADDRESS	151 SW 95th TERRACE # 102	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have been 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 607, 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLEASE SIGN & DATE

3/15/00 **305-987-2200**
 Date Daytime Phone #

CR2037 (9/99)