

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0031225

DOCUMENT # N27550

1. Entity Name
THE PARK AT TANGLEWOOD LAKES CONDOMINIUM, INC.

04-02-2002 90055 039 ****61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0093212	Applied For
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MIELE BORTHERS
2421 SW 127TH AVE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	MAULDING, EARL	
STREET ADDRESS	211 SW 95TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DURAN, RUBEN	
STREET ADDRESS	151 SW 95TH TERR #101	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIALEUKA, BUTILA	
STREET ADDRESS	211 SW 95TH TERR#101	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	TR/D	<input type="checkbox"/> Delete
NAME	Raford, Gloria	
STREET ADDRESS	151 SW 95th TERRACE #104	
CITY-ST-ZIP	Pemb Pines 71 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	Zumwalt, Kimbel	
STREET ADDRESS	151 SW 95th TERRACE #105	
CITY-ST-ZIP	Pemb. Pines 71a 33025	
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 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 with an address, with all other like empowered.

SIGNATURE: Earl Maulding
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-20-02 Daytime Phone #: 954-473-6285

CR2E037 (9/01)