

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2009
Secretary of State**

DOCUMENT# N27550

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

Current Principal Place of Business:

7154 N UNIVERSITY DR
SUITE #213
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

7154 N UNIVERSITY DR
SUITE #213
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 65-0093212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAY & ASSOCIATES P.A.
6261 NORTHWEST 6TH WAY
SUITE 103
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWARTZ, CHRISTIAN
Address: 9551 SW 1ST CT
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VT () Delete
Name: CLARKE, CHRIS
Address: 151 SW 95 TERRACE #105
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D (X) Delete
Name: STEIN, SANDY
Address: 151 SW 95TH TERRACE #101
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: GONZALES, EDWARD
Address: 211 SW 95TH TERR # 103
City-St-Zip: PEMBROKE PINES, FL 33025 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIAN SWARTZ

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date