

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90212 002 \*\*\*\*61.25

**DOCUMENT # N27550**

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0093212**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIELE BORTHERS  
2421 SW 127TH AVE  
DAVIE FL 33325**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/03

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" 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		<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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAN, RUBEN	
STREET ADDRESS	2055 SW FLAMINGO ROAD	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIALEUKA, BUTILA	
STREET ADDRESS	2055 SW FLAMINGO RD.	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REEVES, PARKER	
STREET ADDRESS	2055 SW FLAMINGO ROAD	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIPKIN, WILLIAM	
STREET ADDRESS	2055 SW FLAMINGO ROAD	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOUES, SIMONE	
STREET ADDRESS	2055 SW FLAMINGO ROAD	
CITY-ST-ZIP	DAVIE FL 33325	

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:

3/25/03

954-473-6985

CR2E037 (10/02)