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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30895 (9)

1. Corporation Name

TANGERINE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1616 21ST STREET SOUTH
LOT 118
ST PETE FL 33712
US

Mailing Address

1616 21ST STREET SOUTH
LOT 118
ST PETE FL 33712-2773
US3. Date Incorporated or Qualified
02/28/19893a. Date of Last Report
03/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

TANKEL, ROBERT L.
1150 CLEVELAND STREET
SUITE 420
CLEARWATER FL 34615-8933

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCDONALD, WILLIAM	
STREET ADDRESS	1616 21ST STREET #118	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RHIJNSBURGER, GEORGE	
STREET ADDRESS	1616 21ST ST SOUTH LOT 117	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WITTEVEEN, BETTY	
STREET ADDRESS	1616 21 ST, S. LOT #312	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOUCHER, HOWARD	
STREET ADDRESS	1616 21 ST SOUTH LOT 315	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITTEVEEN, JOHN	
STREET ADDRESS	1616 21ST ST SOUTH LOT 118	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOURDEAU, LARRY	
STREET ADDRESS	1616 21ST STREET #227	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOT 127
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOT 322
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TO POULIN JOHN
4.3 STREET ADDRESS	1616 21ST ST. S. LOT 312
4.4 CITY-ST-ZIP	ST. PETERSBURG FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOT 322
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BOURBEAU.
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050890

CR2E037 (9/96)