

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30895** (9)  
1. Corporation Name  
**TANGERINE MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1616 21ST STREET SOUTH LOT 118 ST PETE FL 33712 US</b>	Mailing Address <b>1616 21ST STREET SOUTH LOT 118 ST PETE FL 33712 US</b>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country

3. Date Incorporated or Qualified <b>02/28/1989</b>	Applied For <b>NOT APPLICABLE</b>
4. FEI Number <b>NOT APPLICABLE</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**TANKEL, ROBERT L.  
1150 CLEVELAND STREET  
SUITE 420  
CLEARWATER FL 34615-6933**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<b>PRESIDENT</b>
NAME	<b>MCDONALD, WILLIAM</b>	12 NAME	<b>LAWRENCE BOURBEAU</b>
STREET ADDRESS	<b>1616 21ST STREET #118</b>	13 STREET ADDRESS	<b>1616 21 ST. S. LOT 227</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	14 CITY - ST - ZIP	<b>ST. PETERSBURG FL. 33712</b>
TITLE	VD	21 TITLE	<b>V. P.</b>
NAME	<b>RHINSBURGER, GEORGE</b>	22 NAME	<b>BARRY WALL</b>
STREET ADDRESS	<b>1616 21ST ST S. LOT 127</b>	23 STREET ADDRESS	<b>1616 21 ST S. LOT</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	24 CITY - ST - ZIP	<b>ST. PETERSBURG FL. 33712</b>
TITLE	SD	31 TITLE	<b>Secretary</b>
NAME	<b>WITTEVEEN, BETTY</b>	32 NAME	<b>IRIS Smith</b>
STREET ADDRESS	<b>1616 21 ST S. LOT 322</b>	33 STREET ADDRESS	<b>1616-21 ST. S. Lot 123</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	34 CITY - ST - ZIP	<b>ST. PETERSBURG FL. 33712</b>
TITLE	TD	41 TITLE	<b>TREASURER</b>
NAME	<b>POULIN, JOHN</b>	42 NAME	<b>John - Poulin</b>
STREET ADDRESS	<b>1616 21 ST S. LOT 312</b>	43 STREET ADDRESS	<b>1616 21ST. S. Lot 312</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	44 CITY - ST - ZIP	<b>ST. Peters Burg. FL. 33712</b>
TITLE	D	51 TITLE	<b>Director</b>
NAME	<b>WITTEVEEN, JOHN</b>	52 NAME	<b>Douglas Culp</b>
STREET ADDRESS	<b>1616 21 ST S. LOT 322</b>	53 STREET ADDRESS	<b>1616 21ST. S. Lot 317</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	54 CITY - ST - ZIP	<b>ST. Peters Burg FL 33712</b>
TITLE	D	61 TITLE	<b>Director</b>
NAME	<b>BOURBEAU, LARRY</b>	62 NAME	<b>JACQUES CHARTRAND</b>
STREET ADDRESS	<b>1616 21ST STREET #227</b>	63 STREET ADDRESS	<b>1616 21 S. S Lot 102</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	64 CITY - ST - ZIP	<b>ST. Peters Burg FL. 33712</b>

11 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>LAWRENCE BOURBEAU</b>	
13 STREET ADDRESS	<b>1616 21 ST. S. LOT 227</b>	
14 CITY - ST - ZIP	<b>ST. PETERSBURG FL. 33712</b>	
21 TITLE	<b>V. P.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>BARRY WALL</b>	
23 STREET ADDRESS	<b>1616 21 ST S. LOT</b>	
24 CITY - ST - ZIP	<b>ST. PETERSBURG FL. 33712</b>	
31 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>IRIS Smith</b>	
33 STREET ADDRESS	<b>1616-21 ST. S. Lot 123</b>	
34 CITY - ST - ZIP	<b>ST. PETERSBURG FL. 33712</b>	
41 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>John - Poulin</b>	
43 STREET ADDRESS	<b>1616 21ST. S. Lot 312</b>	
44 CITY - ST - ZIP	<b>ST. Peters Burg. FL. 33712</b>	
51 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Douglas Culp</b>	
53 STREET ADDRESS	<b>1616 21ST. S. Lot 317</b>	
54 CITY - ST - ZIP	<b>ST. Peters Burg FL 33712</b>	
61 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>JACQUES CHARTRAND</b>	
63 STREET ADDRESS	<b>1616 21 S. S Lot 102</b>	
64 CITY - ST - ZIP	<b>ST. Peters Burg FL. 33712</b>	

14. 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, and 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: *Lawrence W. Bourbeau President Feb 4, 98*

CR2E037 (10/97)