


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90174 043 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30895**

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  
US

150306-90174-43



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/28/1989
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	30 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURBEAU, LAWRENCE	1.2 NAME	
STREET ADDRESS	1616 21 ST S LOT 227	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, BARRY	2.2 NAME	
STREET ADDRESS	1616 21 ST S LOT 206	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, IRIS	3.2 NAME	
STREET ADDRESS	1616 21 ST S LOT 123	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULIN, JOHN	4.2 NAME	
STREET ADDRESS	1616 21 ST S LOT 312	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULP, DOUGLAS	5.2 NAME	
STREET ADDRESS	1616 21 ST S LOT 317	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARTRAND, JACQUES	6.2 NAME	
STREET ADDRESS	1616 21 ST S LOT 102	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	6.4 CITY-ST-ZIP	

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. 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, with all other like empowered.

SIGNATURE: *Lawrence Bourbeau, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20/99 898-5142

Date

Daytime Phone #

CR2E037 (11/98)