

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90287 004 ****61.25

DOCUMENT # N30895

1. Entity Name

TANGERINE MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1616 21ST STREET SOUTH
LOT 315
SAINT PETERSBURG FL 33712-2773
US

Mailing Address

1616 21ST STREET SOUTH
LOT 208
SAINT PETERSBURG FL 33712-2773
US

2. Principal Place of Business

3. Mailing Address

1616 21ST St South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOT 227

City & State

City & State

Saint Petersburg, FL

Zip

Country

Zip

Country

33712

USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

TANKEL, ROBERT L.
1150 CLEVELAND STREET
SUITE 420
CLEARWATER FL 34615-6933

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 P
NAME CHARETTE, RON
STREET ADDRESS 1616 21ST S LOT 210
CITY-ST-ZIP ST PETERSBURG FL 33712 ☒ Delete

TITLE S
NAME COSTANZO, PAUL
STREET ADDRESS 1616 21ST St So # 227
CITY-ST-ZIP St Petersburg, FL 33712 ☐ Change ☒ Addition

TITLE D
NAME PUGH, ALFREDA
STREET ADDRESS 1616 21ST STREET S LOT 110
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☒ Delete

TITLE D
NAME SMITH, ROBERT
STREET ADDRESS 1616 21ST St So # 410
CITY-ST-ZIP St Petersburg, FL 33712 ☐ Change ☒ Addition

TITLE D
NAME BANISTER, ED
STREET ADDRESS 1616 21ST STREET S LOT 308
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ Delete

TITLE T
NAME BANNISTER, ED
STREET ADDRESS 1616 21ST St So # 308
CITY-ST-ZIP St Petersburg, FL 33712 ☒ Change ☐ Addition

TITLE S
NAME SLEATH, EILEEN
STREET ADDRESS 1616 21ST S LT 217
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ Delete

TITLE D
NAME SLEATH, EILEEN
STREET ADDRESS 1616 21ST St So # 217
CITY-ST-ZIP St Petersburg, FL 33712 ☒ Change ☐ Addition

TITLE D
NAME BELL, DORIS
STREET ADDRESS 1616 21ST STREET S LOT 209
CITY-ST-ZIP ST. PETERSBURGH FL 33712 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME OTTO, SALLY
STREET ADDRESS 1616 21ST STREET S LOT 208
CITY-ST-ZIP SAINT PETERSBURG FL 33712 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL Douglas Costanzo

4/27/04

Date

727-536-1941 ext 0

Daytime Phone #