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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAR 10 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N37516 (4)

1. Corporation Name

TANGLEWOOD ESTATES RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O VIVIAN LAROSE 232 LINDEN ST. PORT ORANGE FL 32127 US	C/O VIVIAN LAROSE 232 LINDEN STREET PORT ORANGE FL 32127 US

3. Date Incorporated or Qualified: 04/02/1990
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-3019388 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C/O VIVIAN CAROSE
232 LINDEN STREET
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name: James F. DeBolt
82 Street Address (P.O. Box Number is Not Acceptable): 88 Crowell St.
83:
84 City: Port Orange FL 85 Zip Code: 32127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James F DeBolt 3/6/95
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	DP	1.1 TITLE	DP	X Change ☐ Addition
NAME	LAROSE, VIVIAN	1.2 NAME		
STREET ADDRESS	232 LINDEN STREET	1.3 STREET ADDRESS	James DeBolt	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	88 Crowell St. Port Orange, FL 32127	
TITLE	VD	2.1 TITLE	VD	X Change ☐ Addition
NAME	DEBOLT, JIM	2.2 NAME		
STREET ADDRESS	88 CROWELL STREET	2.3 STREET ADDRESS	Louise Schofield	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	170 Orchard St. Port Orange, Fl. 32127	
TITLE	SD C	3.1 TITLE	SD C	X Change ☐ Addition
NAME	MCCLAIN, JESSIE H.	3.2 NAME		
STREET ADDRESS	6 TANGELWOOD AVE.	3.3 STREET ADDRESS	Marilyn M. Dallaire	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	244 Freeman St. Port Orange, FL 32127	
TITLE	TD	4.1 TITLE	D	X Change ☐ Addition
NAME	HOOD, BOB	4.2 NAME		
STREET ADDRESS	222 LINDEN ST.	4.3 STREET ADDRESS	Warren Bellegarde	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	253 Freeman St. Port Orange, FL 32127	
TITLE	D	5.1 TITLE	D	X Change ☐ Addition
NAME	BICKNELL, HARRY	5.2 NAME		
STREET ADDRESS	41 FREDERICK STREET	5.3 STREET ADDRESS	Larry Camilli	
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	218 Linden St. Port Orange, FL 32127	
TITLE	D	6.1 TITLE	D	X Change ☐ Addition
NAME	DOANE, JANE	6.2 NAME		
STREET ADDRESS	200 BERN STREET	6.3 STREET ADDRESS	Harvey Johnson	
CITY-ST-ZIP	PORT ORANGE FL	6.4 CITY-ST-ZIP	159 Wall Street Port Orange, FL 32127	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Marilyn M. Dallaire Secty Feb 7, 1995 904-756-6642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023718