

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 11 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified **04/02/1990** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business 2a. Mailing Address
5100 ORANGE AVE **SAME**

4. FEI Number **59-3019388** Applied For
Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
BOX # 17

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. City & State 28. City & State
PORT ORANGE FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. Zip 25. Country 29. Zip 30. Country
32127 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEBOLT, JAMES F
88 CROWELL ST.
PORT ORANGE FL 32127

81. Name **LAWRENCE CAMILLI**
82. Street Address (P.O. Box Number is Not Acceptable)
218 LINDEN ST
83.
84. City **PORT ORANGE** FL 85. Zip Code **32127**

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 *Lawrence Camilli*
Signature typed or printed name of registered agent and state it applies (NOTE: Registered Agent signature required when reinstating)

1/26/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DEBOLT, JAMES	
STREET ADDRESS	88 CROWELL ST.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, LOUISE	
STREET ADDRESS	170 ORCHARD ST.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	SD C	<input type="checkbox"/> DELETE
NAME	DALLAIRE, MARILYN	
STREET ADDRESS	244 FREEMAN ST.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALLEGARDE, WARREN	
STREET ADDRESS	253 FREEMAN ST.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMILLI, LARRY	
STREET ADDRESS	218 LINDEN ST.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, HARVEY	
STREET ADDRESS	159 WALL ST.	
CITY-ST-ZIP	PORT ORANGE FL 32127	

1.1 TITLE	PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAWRENCE CAMILLI
1.3 STREET ADDRESS	218 LINDEN ST
1.4 CITY-ST-ZIP	PORT ORANGE FL 32127
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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: *Lawrence Camilli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 **904-788-7818**
Date Daytime Phone #
2-11-96

CR2E037 (12/95)