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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37516 (4)
 1. Corporation Name
TANGLEWOOD ESTATES RESIDENTS ASSOCIATION, INC.



Principal Place of Business C/O VIVIAN LAROSE 232 LINDEN ST. PORT ORANGE FL 32127 US	Mailing Address C/O VIVIAN LAROSE 232 LINDEN STREET PORT ORANGE FL 32127-8632 US
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2. Principal Place of Business 21 5100 ORANGE AVE Suite, Apt. #, etc. 22 BOX 11 City & State 23 PORT ORANGE FL Zip 24 32127 Country 25 FLORIDA	2a. Mailing Address 26 5100 ORANGE AVE Suite, Apt. #, etc. 27 P.O. BOX 11 City & State 28 PORT ORANGE FL Zip 29 32127 Country 30 FLORIDA
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3. Date Incorporated or Qualified 04/02/1990	3a. Date of Last Report 02/11/1996
4. FEI Number 59-3019388	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMILLI, LAWRENCE 218 LINDEN ST PORT ORANGE FL 32127	10. Name and Address of New Registered Agent 81 Name WARREN BELLEGRAPPE 82 Street Address (P.O. Box Number is Not Acceptable) 253 FREEMAN ST 83 84 City PORT ORANGE FL 85 Zip Code 32127
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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: *Warren Bellegrappe* DATE: 3/5/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEBOLT, JAMES 88 CROWELL ST. PORT ORANGE FL 32127	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT WARREN BELLEGRAPPE 253 FREEMAN ST PORT ORANGE FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHOFIELD, LOUISE 170 ORCHARD ST. PORT ORANGE FL 32127	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD C DALLAIRE, MARILYN 244 FREEMAN ST. PORT ORANGE FL 32127	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLEGARDE, WARREN 253 FREEMAN ST. PORT ORANGE FL 32127	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TREASURER PHILLIP H. RICHARDS 148 WALL ST PORT ORANGE FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMILLI, LARRY 218 LINDEN ST. PORT ORANGE FL 32127	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, HARVEY 159 WALL ST. PORT ORANGE FL 32127	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Warren Bellegrappe* DATE: 3/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)