**FILED** Feb 22, 1999 8:00 am

Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N37516**

1. Corporation Name

TANGLE	WOOD ESTATES RESIDEN	ITS ASSOCIATION, INC.				
Principal Place of Business Mailing Address						
5100 ORANGE AVE. 5100 ORANGE AVE.					A ARBANTAN KARA MININ LABAN BANGA ALBAN BARAN DIBAN BIRAN BARAN BARAN BARAN BARAN BARAN BARAN BARAN	
BOB 11 PO BOX 11						
PORT ORANGE FL 32127 PORT ORANGE FL 32127					4 INDITION AND ITEM LOURS ENDINING FOR BUILDING BOOK DIRECT BERT BOOK INDIT	
US		US				
Principal Place of Business     2a. Mailing Address					Date Incorporated or Qualifed	
21 26					04/02/1990	
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number Applied For S9-3019388 Applied For Not Applicable	
22					\$8.75 Additional	
23	ic .	28			5. Certificate of Status Desired Fee Required	
Zip	Country	Zip	Count	ry	6. Election Campaign Financing \$5.00 May Be	
24	25	29	30		Trust Fund Contribution Added to Fees	
•	<ol> <li>Name and Address of Curre</li> </ol>	nt Registered Agent			10. Name and Address of New Registered Agent	
			8	1 Name	SO PANE SLOBBKI	
WARREN BELLE GRADE				2 Street	at Address (P.O. Box Number is Not Acceptable)	
253 FREEMAN ST.					177 TANGLE WOOD AVE	
PORT ORANGE FL 32127				13		
			8	84 City OR 1 OR HUGE FL 85 Zip Code 32/17 he above-named corporation submits this statement for the purpose of changing its registered		
44 5 .	4. disconsistent of Continue C47 OF	20 and 647 4500 Florida Statuto	a tha sha	(101	or o	
office or r	registered agent, or both, in the State im familiar with, and acceptine oblig	of Florida. Such change was au	thorized t	ov the compo	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	/ 1 / L	oni PRES.				
	Signature, typed or printed name of registered ag-			gent signature re	e required when reinstating)  DATE  DESCRIPTION OF THE PROPERTY OF THE PROPERT	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  (RESIDENT Addition	
TITLE	P	<b>☆</b> DELETE	1,1 TITLE	i	JO ANNE SLOBISKI	
NAME	WARREN BELLEGRADE		1.2 NAM		AVE	
STREET ADDRESS	200 / 1122/11/11 011			ET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL	□ oci ett	1.4 CITY	<del></del>	PORT OR HIGE FL 32/27  ☐ Change ☐ Addition	
TITLE	D	☐ DELETE	2.1 TTTLE	•	☐ Change ☐ Addition	
NAME:	SCHOFIELD, LOUISE		2.2 NAM			
STREET ADDRESS	110 01101111110 011			ET ADDRESS	S .	
CITY-ST-ZIP	PORT ORANGE FL 32127		_	-ST-ZIP	SFC RE TARY Change Addition	
TITLE	SD C	<b>≥</b> DELETE	3.1 TITLE			
NAME	DALLAIRE, MARILYN		3.2 NAM	E	BERNAPINE SCOTT	
STREET ADDRESS	G * 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	EET ADDRESS	s 150 WALL SI	
CITY-ST-ZIP	PORT ORANGE FL 32127	Norter			OBRT OKANGE FL 32/17  □ Change □ Addition	
TITLE	D	<b>∑</b> DELETE	4.1 TITLE	- i	DIVECTOR	
NAME	BALLEGARDE, WARREN		4. 2 NAM		LAWRENCE CAMILLI	
STREET ADDRESS				ET ADDRESS	S 2/8 LINDEN ST	
CITY-ST-ZIP	PORT ORANGE FL 32127	C Sci CTF	4.4 CITY		PORT ORANGE FL 32/27	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	FRILLIP II. NICHANDO		5.2 NAM			
STREET ADDRESS	140 WALL ST.			ET ADDRESS	٦	
CITY-ST-ZIP	PORT ORANGE FL 32/27	ANGE IC 77/F/		-ST-ZIP	Change Addition	
TITLE	D	☐ DELETE	6.1 TITLE 6.2 NAM		C Criange C Addition	
NAME	INHIGON HABVEY		U.2 INVOK	- I	- I	

PORT ORANGE FL 32127 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 suppliemental 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 159 WALL ST.

1/499 904 322 9601