


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90115 042 ****61.25

0002585

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37516					
1. Corporation Name TANGLEWOOD ESTATES RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 5100 ORANGE AVE. 808 11 PORT ORANGE FL 32127 US			Mailing Address 5100 ORANGE AVE. PO BOX 11 PORT ORANGE FL 32127 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/02/1990 4. FEI Number 59-3019388 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent WARREN BELLE GRADE 253 FREEMAN ST. PORT ORANGE FL 32127			10. Name and Address of New Registered Agent 81 Name JO ANNE SLOBISKI 82 Street Address (P.O. Box Number is Not Acceptable) 177 TANGLEWOOD AVE 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 <i>Jo Anne Slobiski Pres.</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME JO ANNE SLOBISKI					
1.3 STREET ADDRESS 177 TANGLEWOOD AVE					
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 SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME BERNADINE SCOTT					
3.3 STREET ADDRESS 150 WALL ST					
3.4 CITY-ST-ZIP PORT ORANGE FL 32127					
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME LAWRENCE CAMILLI					
4.3 STREET ADDRESS 218 LINDEN ST					
4.4 CITY-ST-ZIP PORT ORANGE FL 32127					
5.1 TITLE <input 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 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, with all other like empowered.

SIGNATURE: *Jo Anne Slobiski* 11/6/99 904 322-9601
Date Daytime Phone #

CR2E037 (11/98)