2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
02-03-2001 90038 018 ****61.25

DOCUMENT # N37516

1. Entity Name

TANGLEWOOD ESTATES RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5100 ORANGE AVE. BOB 11 PORT ORANGE FL 32127 US	5100 ORANGE AVE. PO BOX 11 PORT ORANGE FL 32127 US

29182

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SLOBISKI, JOANNE 177 TANGLE WOOD AVE, PORT ORANGE FL 32127	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SPITZ, PAUL S 80 CROWELL ST PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCKENEN, WALTER 169 ORCHARD ST PORT ORANGE, FL. 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOFIELD, LOUISE 170 ORCHARD ST PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES DeBOLT 88 CROWELL ST PORT ORANGE, FL. 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BERNADINE, SCOTT 150 WALL ST PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOAN GAGNON 51 BEVERLY ST. PORT ORANGE, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMILLI, LAWRENCE 218 LINDEN ST PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALLETA GOLDEN 19 BEVERLY ST. PORT ORANGE, FL. 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PHILLIP H. RICHARDS 148 WALL ST. PORT ORANGE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RITA MARSHALL 102 HOWE ST. PORT ORANGE, FL. 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOANNE SLOBISKI 177 TANGLEWOOD AVE PORT ORANGE, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOIS TAYLOR 8 TANGLEWOOD AVE. PORT ORANGE, FL. 32127	☐ Change ☒ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul S. Spitz SIGNATURE PAUL S. SPITZ — Jan. 30, 2001 — 904-767-9759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #