

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90145 047 \*\*\*\*61.25

DOCUMENT # N37516

1. Entity Name

Homeowners

TANGLEWOOD ESTATES RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5100 ORANGE AVE.  
~~800-11~~  
PORT ORANGE FL 32127  
US

5100 ORANGE AVE.  
~~PO BOX 11~~  
PORT ORANGE FL 32127  
US

2. Principal Place of Business

5100 Orange Ave

Suite, Apt. #, etc.

3. Mailing Address

5100 Orange Ave

Suite, Apt. #, etc.

City & State

Port Orange, FL

Zip

32127

Country

Volusia

City & State

Port Orange, FL

Zip

32127

Country

Volusia

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

SLOBISKI, JOANNE  
177 TANGLE WOOD AVE,  
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

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

*Joanne Slobiski*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/02

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

TITLE T ☐ Delete  
NAME SPITZ, PAUL S  
STREET ADDRESS 80 CROWELL ST  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☐ Delete  
NAME SCHOFIELD, LOUISE  
STREET ADDRESS 170 ORCHARD ST  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE S ☐ Delete  
NAME BERNADINE, SCOTT  
STREET ADDRESS 150 WALL ST  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE VP ☒ Delete  
NAME MCKENEN, WALTER  
STREET ADDRESS 169 ORCHARD ST  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☒ Delete  
NAME DEBOLT, JAMES  
STREET ADDRESS 88 CROWELL ST  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE P ☐ Delete  
NAME SLOBISKI, JOANNE  
STREET ADDRESS 177 TANGLEWOOD AVE  
CITY-ST-ZIP PORT ORANGE FL 32127

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME Spitz, Paul S  
STREET ADDRESS 80 Crowell St.  
CITY-ST-ZIP Port Orange, FL 32127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME Bernadine Scott, Bernadine  
STREET ADDRESS 150 Wall St.  
CITY-ST-ZIP Port Orange, FL 32127

TITLE VP ☐ Change ☒ Addition  
NAME Bobbie Cline, Bobbie  
STREET ADDRESS 209 DeLoach St  
CITY-ST-ZIP Port Orange FL 32127

TITLE P ☐ Change ☒ Addition  
NAME Gary Walker, Gary  
STREET ADDRESS 64 Andrews St.  
CITY-ST-ZIP Port Orange, FL 32127

TITLE T ☒ Change ☐ Addition  
NAME Slobiski, JoAnne  
STREET ADDRESS 177 Tanglewood Ave  
CITY-ST-ZIP Port Orange, FL 32127

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:

*Joanne Slobiski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
Doc # N37516  
739304

OFFICERS AND DIRECTORS - Cont'd.

D

TAYLOR, LOIS  
8 TANGLEWOOD AVE.  
PORT ORANGE, FL 32127

D

BUSHEY, JOHN  
14 BEVERLY ST,  
PORT ORANGE, FL 32127

D

CLOUTIER, JANICE  
154 WALL ST.  
PORT ORANGE, FL 32127

D

WELLS, JOHN  
54 BEVERLY ST.  
PORT ORANGE, FL 32127

D

GOLDEN, VALLETTA  
19 BEVERLY ST.  
PORT ORANGE, FL 32127