2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37516 1. Entity Name Home was association, INC. TANGLEWOOD ESTATES RESIDENTS ASSOCIATION, INC.					Secretary of State 02-20-2002 90145 047 ****61.25				
Principal Place of Business 5100 ORANGE AVE. 809-11 PORT ORANGE FL 32127 US 2. Principal Place of Business A	5100 ORAN PO BOX 11 PORT ORAN US	Mailing Address 5100 ORANGE AVE. PO-BOX 11- PORT ORANGE FL 32127 US 3. Mailing Address			DO NOT WRITE IN THIS SPACE				
5100 Orange Hue Suite, Apt. #, etc.	5)00 Suite, /	Suite, Apt. #, etc.							
Port Orange, FL Zip Country	PORT				4. FEI Number 59-3019388		N	pplied For ot Applicable]
32127 Volusia	321		Volusia		5. Certificate of	Status Desired	S8.75 Add		}
6. Name and Address of	Current Registered A	gent			7. Name and A	ddress of New Re	gistered Agent]
SLOBISKI, JOANNE 177 TANGLE WOOD AVE, PORT ORANGE FL 32127 8. The above named entity submits this statement for the purpose of changing its reg			Street A	Address (P.0	D. Box Number	is Not Acceptable)	FL Zip Cod	e	
SIGNATURE Signature, typed or printed name of regions of the signature of signature	lobiski stered agent and title if applicable	e. (NOTE: Re 9. Election Campa Trust Fund Con		\$	5.00 May Be dded to Fees	Mak	DATE DATE THE Check Payable partment of State		
10. OFFICERS	AND DIRECTORS		11.	ĀD	DITIONS/CHAN	IGES TO OFFICER	S AND DIRECTORS IN	10	1
TILE NAME STREET ADDRESS CITY-ST-ZIP STATE TO THE TOTAL STATE TO THE T		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spitz 60 C	, Paul S rowell St		⊠ Change	Addition	1000
TITLE D NAME SCHOFIELD, LOUISE STREET ADDRESS 170 ORCHARD ST CITY-ST-ZIP PORT ORANGE FL 32127		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	18
TITLE S NAME BERNADINE, SCOTT STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Borns 150 Port	Drange,	Scott, Ben FL 32121	adine & Change	☐ Addition	
TITLE VP NAME MCKENEN, WALTER STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127		≸ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	209 De Port C	e Cline Loach S Drange	FL 32127 Bobbie + FL 32127	☐ Change	Addition	
TITLE D NAME DEBOLT, JAMES STREET ADDRESS 88 CROWELL ST		∑ Delete	TITLE NAME STREET ADDRESS	64 A	Walker, ndrews	FL 32127 Gary St.	☐ Change	Addition	1

NAME
SIGNATURES
SIGNATURE
SIDNESS
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.

CITY-ST-ZIP

SIGNATURE:

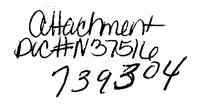
CITY-ST-ZIP

PORT ORANGE FL 32127

REDUIRED

Port Drange, FL 32127

Daytime Phone #



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