2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -2 AM 9:58

DOCUMENT # N37516

1. Entity Name
TANGLEWOOD ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5100 ORANGE AVE. PORT ORANGE, FL 32127 US	5100 ORANGE AVE. PORT ORANGE, FL 32127 US

11012004 REIN-NP CR2E099 (6/04)

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

THOMPSON, ROBERT
229 LINDEN ST
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name B. JoAnne Slobiski
Street Address (P.O. Box Number is Not Acceptable) 177 Tanglewood Ave
City Port Orange FL Zip Code 32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE B JoAnne Slobiski DATE 11/1/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $61.25
After January 1, 2005, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DONOVAN, LEONARD A 193 ORCHARD ST PORT ORANGE, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Margaret M Bushey 14 Beverly 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 Janet Palmer 183 Tanglewood Ave Port Orange FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNADINE, SCOTT 150 WALL ST PORT ORANGE, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Sharon Walters 215 DeLoach ST Port Orange	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BLUTO, PETER 295 BERN ST PORT ORANGE, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jackie Schaieber 199 DeLoach St Port Orange, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMPSON, ROBERT 229 LINDEN ST. PORT ORANGE, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600042409866 11/02/04--01046--005 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLOBISKI, JOANNE 177 TANGLEWOOD AVE PORT ORANGE, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SLOBISKI B. JoAnne 177 Tanglewood Ave Port Orange FL 32127	☒ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B JoAnne Slobiski B. JoAnne Slobiski 11/1/04 386-760-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/9 AM