

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37516

FILED
Mar 19, 2006
Secretary of State

Entity Name: TANGLEWOOD ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5100 ORANGE AVE.
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

5100 ORANGE AVE.
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-3019388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOBISKI, B. JOANNE
177 TANGLEWOOD AVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

LIMA, CLAIRE L
222 LINDEN ST
PORT ORANGE, FL 32127 US

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: CLAIRE L. LIMA

03/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHREIBER, JACKIE
Address: 199 DELOACH ST
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: SCHOFIELD, LOUISE
Address: 170 ORCHARD ST
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: BERNADINE, SCOTT
Address: 150 WALL ST
City-St-Zip: PORT ORANGE, FL 32127 US

Title: T () Delete
Name: DERONDE, DELORES
Address: 69 ANDREWS ST
City-St-Zip: PORT ORANGE, FL 32127 US

Title: P () Delete
Name: SLOBISKI, B. JOANNE
Address: 177 TANGLEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: WALTERS, SHARON
Address: 215 DELOACH ST
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BELLEGARDE, WARREN
Address: 253 FREEMAN ST
City-St-Zip: PORT ORANGE, FL 32127

Title: VP (X) Change () Addition
Name: ALDENDERFER, MICHAEL
Address: 44 FREDERICK AVE.
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change () Addition
Name: HAYES, RONALD
Address: 270 BERNS ST.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: T (X) Change () Addition
Name: DERONDE, DOLORES
Address: 69 ANDREWS ST
City-St-Zip: PORT ORANGE, FL 32127 US

Title: P (X) Change () Addition
Name: LIMA, CLAIRE L
Address: 222 LINDEN ST.
City-St-Zip: PORT ORANGE, FL 32127

Title: S (X) Change () Addition
Name: GOODRIDGE, CHRISTINE
Address: 194 ORCHARD ST.
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE L. LIMA

P

03/19/2006

Electronic Signature of Signing Officer or Director

Date