




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90038 035 ****61.25

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|--|--|---|---|--|--|
| DOCUMENT # N37516 1. Entity Name TANGLEWOOD ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 5100 ORANGE AVE. PORT ORANGE, FL 32127 US | | | Mailing Address 5100 ORANGE AVE. PORT ORANGE, FL 32127 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip | | City & State Zip | | 01192007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3019388 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent LIMA, CLAIRE L 222 LINDEN ST PORT ORANGE, FL 32127 | | | 7. Name and Address of New Registered Agent Name MICHAEL ALDENDERFER Street Address (P.O. Box Number is Not Acceptable) 44 FEDERICK 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE 2/8/07 <small>(NOTE: Registered Agent signature required when re-registering)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 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 | D BELLEGARDE, WARREN 253 FREEMAN ST PORT ORANGE, FL 32127 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President John Bushey 14 Beverly St Port Orange FL 32127 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ALDENDERFER, MICHAEL 44 FREDERICK AVE. PORT ORANGE, FL 32127 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary. Louise Strittler. 52 Beverly St Port Orange FL 32127 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAYES, RONALD 270 BERNIS ST. PORT ORANGE, FL 32127 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director John Tanner. 196 Orchard St. Port Orange FL 32127. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DERONDE, DOLORES 69 ANDREWS ST PORT ORANGE, FL 32127 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Mike Aldenderfer 44 FEDERICK AVE Port Orange FL 32127 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LIMA, CLAIRE L 222 LINDEN ST. PORT ORANGE, FL 32127 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GOODRIDGE, CHRISTINE 194 ORCHARD ST. PORT ORANGE, FL 32127 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dolores deRonde 2-8-07 386 7619121 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |