

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37516

FILED
Apr 02, 2009
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:

TANNER, JOHN
196 ORCHARD ST
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TANNER, JOHN
Address: 196 ORCHARD ST
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: MEADOWS, BILL
Address: 246 FREEMAN ST
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: CLAIRE, LINNA
Address: 222 LINDEN ST
City-St-Zip: PORT ORANGE, FL 32127 US

Title: S () Delete
Name: PALMER, JANET
Address: 183 TANGLEWOOD AVE.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D () Delete
Name: KITRA, PAUL
Address: 138 YOUNG ST
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: OSTRANDER, SHARON
Address: 206 DELOACH ST
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

T

04/02/2009

Electronic Signature of Signing Officer or Director

Date