

**FILE NOW: FILING FEE IS \$61.25**

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N37698** (0)

1. Corporation Name

**TANGERINE BAY CLUB ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O CONDOMINIUM MGMT INC  
1801 GLENGARY ST  
SARASOTA FL 34231-0603

C/O CONDOMINIUM MGMT INC  
1801 GLENGARY ST  
SARASOTA FL 34231-0603

3. Date Incorporated or Qualified  
**04/18/1990**

3a. Date of Last Report  
**04/14/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**65-0165244**

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM MGMT INC  
1801 GLENGARY ST  
SUITE 600  
SARASOTA FL 34231-0603

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POLLOCK, EARL E	
STREET ADDRESS	340 GULF OF MEXICO DRIVE, #116	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRANSTON, MICHAEL	
STREET ADDRESS	340 GULF OF MEXICO DRIVE, #133	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROSS, MARVIN	
STREET ADDRESS	350 GULF OF MEXICO DRIVE, #215	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OSMAN, SUZANNE	
STREET ADDRESS	340 GULF OF MEXICO DR., #115	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLABAUGH, JAMES E	
STREET ADDRESS	201 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CLARK, P. R	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**SEE ATTACHED**

800001781898  
-04/18/96--01044--015  
\*\*\*61.25

32  
4.16

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard Clark*

Date

4/8/96

Daytime Phone #

941-921-5393

CR2E037 (12/95)

**TGB**

**Tangerine Bay Club Condominium Association, In**

	<b>Manager</b>	<b>TAG</b>	<b>Local Address</b>
P/D ✓			Mr. Earl E. Pollock 340 Gulf of Mexico Drive Unit #116 Longboat Key, FL 34228
V/D ✓			Mr. Joseph Dryer 370-A Gulf of Mexico Driv Unit #411 Longboat Key, FL 34228
S/D ✓			Mr. William Weiss 350-A Gulf of Mexico Driv Unit #216 Longboat Key, FL 34228
T/D ✓			Mr. Marvin Cross 350 Gulf of Mexico Drive Unit #215 Longboat Key, FL 34228
D ✓			Dr. Harvey Mendelow 350-B Gulf of Mexico Driv Unit #214 Longboat Key, FL 34228
A/S ✓			P. Richard Clark 1801 Glengary Street Sarasota, FL