

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37698 (0)
1. Corporation Name
TANGERINE BAY CLUB ASSOCIATION, INC.



Principal Place of Business C/O CONDOMINIUM MGMT INC 1801 GLENGARY ST SARASOTA FL 34231-0603	Mailing Address C/O CONDOMINIUM MGMT INC 1801 GLENGARY ST SARASOTA FL 34231-0603
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3. Date Incorporated or Qualified 04/18/1990		
4. FEI Number 65-0165244	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CONDOMINIUM MGMT INC 1801 GLENGARY ST SUITE 600 SARASOTA FL 34231-0603	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLOCK, EARL E 340 GULF OF MEXICO DRIVE, #116 LONGBOAT KEY FL 34228 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRYER, JOSEPH 370-A GULF OF MEXICO DR., #411 LONGBOAT KEY FL 34228 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROSS, MARVIN 350 GULF OF MEXICO DRIVE, #215 LONGBOAT KEY FL 34228 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, WILLIAM 350-A GULF OF MEXICO DR., #216 LONGBOAT KEY FL 34228 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDELOW, HARVEY, DR. 350-B GULF OF MEXICO DR., #214 LONGBOAT KEY FL 34228 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, P. R 1801 GLENGARY STREET SARASOTA FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SEE ATTACHED

14. 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 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 checked, or on an attachment with an address.

SIGNATURE: **P. Richard Clark** 4/25/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **941-921-5393** 0083080

CR2E037 (10/97)

TGB **Tangerine Bay Club Condominium Association, Inc.**

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Manager PAUL **Local Address** **Date Printed:** 4/7/98 **Code**

P/D	Mr. Earl E. Pollock 340 Gulf of Mexico Drive Unit #116 Longboat Key, FL 34228	10
V/D	Mr. Joseph Dryer 370-A Gulf of Mexico Driv Unit #411 Longboat Key, FL 34228	12
S/D	Mr. William Weiss 350-B Gulf of Mexico Driv Unit #216 Longboat Key, FL 34228	25
T/D	Mr. Marvin Cross 350 Gulf of Mexico Drive Unit #215 Longboat Key, FL 34228	30
D	Dr. Harvey Mendelow 350-B Gulf of Mexico Driv Unit #214 Longboat Key, FL 34228	40
AS	P. Richard Clark 1801 Glengary St. Sarasota, FL 34231	50

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