

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90010 037 ****61.25
06-25-1999 90006 009 ****61.25

DOCUMENT # N37698

1. Corporation Name
TANGERINE BAY CLUB ASSOCIATION, INC.

Original Place of Business Mailing Address
340-380 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228
Beth Callans Management Corporation
550 Bay Isles Road
Longboat Key, FL 34228



Date Incorporated or Qualified
04/18/1990

21	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number	85	Applicable
22		27			65-0165244		Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired		\$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Maximum Added to Fee
	Country	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			BETH CALLANS		
				82	Street Address (P.O. Box Number is Not Acceptable)			BOTH CALLANS MGMT. CORP.		
				83	City			550 BAY ISLES RD.		
				84	City	LONGBOAT KEY,	85	Zip Code	FL 34228	

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 *Beth Callans* **BETH CALLANS** 4/22/99
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			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/>	
NAME	POLLOCK, EARL E		1.2 NAME	TOM WILLIAMS			
STREET ADDRESS	340 GULF OF MEXICO DRIVE, #116		1.3 STREET ADDRESS	350 GULF OF MEXICO DR., #239			
CITY-ST-ZIP	LONGBOAT KEY FL 34228		1.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>	
NAME	DRYER, JOSEPH		2.2 NAME	NORMAN PASSMAN			
STREET ADDRESS	370-A GULF OF MEXICO DR., #411		2.3 STREET ADDRESS	380 GULF OF MEXICO DR., #525			
CITY-ST-ZIP	LONGBOAT KEY FL 34228		2.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>	
NAME	CROSS, MARVIN		3.2 NAME	STANELY PEARL			
STREET ADDRESS	350 GULF OF MEXICO DRIVE, #215		3.3 STREET ADDRESS	380 GULF OF MEXICO DR., #515			
CITY-ST-ZIP	LONGBOAT KEY FL 34228		3.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>	
NAME	WEISS, WILLIAM		4.2 NAME	ALVIN FLORIN			
STREET ADDRESS	350-A GULF OF MEXICO DR., #216		4.3 STREET ADDRESS	340 GULF OF MEXICO DR., #124			
CITY-ST-ZIP	LONGBOAT KEY FL 34228		4.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>	
NAME	MENDELOW, HARVEY, DR.		5.2 NAME	EARL KELLING			
STREET ADDRESS	350-B GULF OF MEXICO DR., #214		5.3 STREET ADDRESS	350 GULF OF MEXICO DR., #229			
CITY-ST-ZIP	LONGBOAT KEY FL 34228		5.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228			
TITLE	AS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>	
NAME	CLARK, P. R.		6.2 NAME				
STREET ADDRESS	1801 GLENGARY STREET		6.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP				

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 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 by 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, Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Tom Williams* *Beth Callans* **BETH CALLANS** 4/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #