

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90012 028 ****61.25

DOCUMENT # N37698

1. Entity Name
TANGERINE BAY CLUB ASSOCIATION, INC.

Principal Place of Business 340-380 GULF OF MEXICO DR LONGBOAT KEY FL 34228	Mailing Address BETH CALLANS MGMT CORPORATION 550 BAY ISLES RD LONGBOAT KEY FL 34228-3129
2. Principal Place of Business	3. Mailing Address 595 Bay Isles Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 201
City & State	City & State Longboat Key FL
Zip	Country
34228	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0165244		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CALLANS, BETH BOTH CALLANS MGMT CORP 550 BAY ISLES RD LONGBOAT KEY FL 34228		
7. Name and Address of New Registered Agent		
Name Callans, Beth		
Street Address (P.O. Box Number is Not Acceptable) Beth Callans Mgmt. Corp. 595 Bay Isles Rd. Suite 201		
City	State	Zip Code
Longboat Key	FL	34228

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.

SIGNATURE *Beth Callans* DATE 3/27/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, TOM		NAME	
STREET ADDRESS 350 GULF OF MEXICO DR #239		STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL 34228		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PASSMAN, NORMAN		NAME	
STREET ADDRESS 380 GULF OF MEXICO DR #525		STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL 34228		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEARL, STANLEY		NAME	
STREET ADDRESS 380 GULF OF MEXICO DR #515		STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL 34228		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLORIN, ALVIN		NAME	
STREET ADDRESS 340 GULF OF MEXICO DR #124		STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL 34228		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLING, EARL		NAME	
STREET ADDRESS 350 GULF OF MEXICO DR #229		STREET ADDRESS	
CITY-ST-ZIP LONGBOAT KEY FL 34228		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: *Alvin Florin* DATE 3/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)