
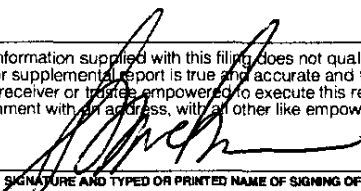


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90076 014 \*\*\*\*61.25

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # N37698</b>  |   |                                    |   |
| 1. Entity Name<br>TANGERINE BAY CLUB ASSOCIATION, INC.  |   |   |   |
| Principal Place of Business<br>340-380 GULF OF MEXICO DR<br>LONGBOAT KEY, FL 34228  |   | Mailing Address<br>2180 WEST SR 434<br>SUITE 5000<br>LONGWOOD, FL 32779-5044 US                                     |   |
| 2. Principal Place of Business  |   | 3. Mailing Address<br><i>90 Beth Callans Management</i>   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.<br><i>595 Bay Isles Rd, Ste. 201</i>  |   |
| City & State  |   | City & State<br><i>Longboat Key, FL</i>   |   |
| Zip   | Country                                       | Zip   | Country   |
|   |   | <i>34228</i>  |   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent   |   |
| BETTY CALLANS<br>BETH CALLANS MANAGEMENT CORP.<br>595 BAY ISLES RD. SUITE 201<br>LONGBOAT KEY, FL 34228   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                            |   |
| 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. I am familiar with, and accept the obligations of registered agent.   |   |   |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
| Make check payable to Florida Department of State   |   |   |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE   | VPD <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME  | WEISS, WILLIAM                                | NAME  |   |
| STREET ADDRESS  | 350-B GULF OF MEXICO DRIVE 216                | STREET ADDRESS  |   |
| CITY- ST- ZIP   | LONGBOAT KEY, FL 34228                        | CITY- ST- ZIP   |   |
| TITLE   | SD <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME  | CHANOWSKI, NORM                               | NAME  |   |
| STREET ADDRESS  | 350 GULF OF MEXICO DR. 233                    | STREET ADDRESS  |   |
| CITY- ST- ZIP   | LONGBOAT KEY, FL 34228                        | CITY- ST- ZIP   |   |
| TITLE   | PD <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME  | MACKMAN, SANFORD                              | NAME  |   |
| STREET ADDRESS  | 380-A GULF OF MEXICO DRIVE 523                | 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  | WARSHAW, ARTHUR                               | NAME  |   |
| STREET ADDRESS  | 340 GULF OF MEXICO DR. 111                    | STREET ADDRESS  |   |
| CITY- ST- ZIP   | LONGBOAT KEY, FL 34228                        | CITY- ST- ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete               | TITLE   | <i>Secretary D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |   | NAME  | <i>Lindeman, Robert</i>   |
| STREET ADDRESS  |   | STREET ADDRESS  | <i>340 Gulf of Mexico Dr, 133</i>   |
| CITY- ST- ZIP   |   | CITY- ST- ZIP   | <i>Longboat Key, FL 34228</i>   |
| TITLE   | <input type="checkbox"/> Delete               | TITLE   | <i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| NAME  |   | NAME  | <i>Lundy, Richard</i>   |
| STREET ADDRESS  |   | STREET ADDRESS  | <i>350 Gulf of Mexico Dr. 237</i>   |
| CITY- ST- ZIP   |   | CITY- ST- ZIP   | <i>Longboat Key, FL 34228</i>   |
| 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:   |   | Date: <i>4-20-04</i> Daytime Phone #: <i>387-0516</i>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   |   |