


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90116 021 ****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
**340-380 GULF OF MEXICO DR
 LONGBOAT KEY, FL 34228**

50014456



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
**595 Bay Isles Rd.
 Suite 200
 Longboat Key, FL
 34228**

04172006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0361112

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BETTY CALLANS
 BETH CALLANS MANAGEMENT CORP.
 595 BAY ISLES RD. SUITE 200
 LONGBOAT KEY, FL 34228**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEISS, WILLIAM <input checked="" type="checkbox"/> Delete 350-B GULF OF MEXICO DRIVE 216 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDEMAN, ROBERT <input checked="" type="checkbox"/> Delete 340 GULF OF MEXICO DR. 133 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKMAN, SANFORD <input type="checkbox"/> Delete 380-A GULF OF MEXICO DRIVE 523 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARSHAW, ARTHUR <input type="checkbox"/> Delete 340 GULF OF MEXICO DR. 111 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDY, RICHARD <input type="checkbox"/> Delete 350 GULF OF MEXICO DR. 237 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karp, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 370 Gulf of Mexico Dr. 413 Longboat Key, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lundy, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 Gulf of Mexico Dr. 237 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Geller, Dr. Arthur <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 370 Gulf of Mexico Dr. 436 Longboat Key, FL 34228

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sanford Mackman* **SANFORD MACKMAN** **4-17-06** **941-301-8518**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #