

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37698

FILED
Feb 01, 2010
Secretary of State

Entity Name: TANGERINE BAY CLUB ASSOCIATION, INC.

Current Principal Place of Business:

340-380 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228

New Mailing Address:

BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES RD SUITE 200
LONGBOAT KEY, FL 34228

FEI Number: 65-0361112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MACKMAN, SANFORD
Address: 380 GULF OF MEXICO DR 523
City-St-Zip: LONG BROOK KEY, FL

Title: TD
Name: VIONI, RONALD
Address: 340 GULF OF MEXICO DR 122
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D
Name: THORSTENSON, TERRY
Address: 370 GULF OF MEXICO DR. 435
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D
Name: GOLDWATER, RICHARD
Address: 350 GULF OF MEXICO DR 533
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD
Name: GELLER, ARTHUR DR.
Address: 370 GULF OF MEXICO DR 436
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANFORD MACKMAN

PD

02/01/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date