2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N37698



FILED
Apr 17, 2003 8:00 am
Secretary of State

TANGERI	NE BAY CLUB ASSOCIATION	I, INC.			C	4-17-2003 9004	6 02/ ****61.	.23
Principal Place of Business 340-380 GULF OF MEXICO DR LONGBOAT KEY FL 34228		Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US				ili 20010 Billio Iosok Sõli Sil	III DIDII DIDII DIDII DID	# 8
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65	-0361112	├-	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St.	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registe	red Agent	
	A 1200		Name	73 e.	- Carla	ĸ S		
CURLES	S, JERRY	Street Addre		Address (P	dress (P.O. Box Number is Not Acceptable) Lth Callans Management Corp.			
	TH ORANGE AVENUE #101							
	DAT KEY FL 34228		City	<u> 195 r</u>	Bay Isle	s Rd., Su	T Zin Cod	e ,
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	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egisterea office of	r registere	agent, or both, in	inelotate of Florida. I	am ramiliar with,	and accept
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SIGNATURE	Signature, wood or printed name of registered agent	and title if applicable. (NOTE.	Registered Agent signat	ture required v	when reinstating)	D	ATE	
	Signature, the or printed name of registered agent FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Make Cl	neck Payable partment of S	
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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 reports frue 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 of powered to excute 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 addiess, with all other like empowered.

SIGNATURE:

TECHNED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #