

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


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

04-17-2003 90646 027 \*\*\*\*61.25

0098942

**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  
**2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US**


2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

**CURLLESS, JERRY  
CONDO KEEPER  
630 SOUTH ORANGE AVENUE #101  
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name **Beth Callans**

Street Address (P.O. Box Number is Not Acceptable)  
**Beth Callans Management Corp.**

**595 Bay Isles Rd, Suit 201**

City **LONGBOAT Key** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Beth Callans* (NOTE: Registered Agent signature required when reinstating) DATE

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

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	PD	<input type="checkbox"/> Delete
NAME	<b>WEISS, WILLIAM</b>	
STREET ADDRESS	<b>350-B GULF OF MEXICO DRIVE 216</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>JACOBSON, MORRIS</b>	
STREET ADDRESS	<b>370-A GULF OF MEXICO DR.#426</b>	
CITY-ST-ZIP	<b>LONGBOAT-KEY-FL- 34228</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MACKMAN, SANFORD</b>	
STREET ADDRESS	<b>380-A GULF OF MEXICO DRIVE 523</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	<b>GEYMAN, TOM</b>	
STREET ADDRESS	<b>350-A GULF OF MEXICO DRIVE 227</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	<b>SHERMAN, HELEN</b>	
STREET ADDRESS	<b>380-B GULF OF MEXICO DRIVE 524</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Chanowski, Norm</b>	
STREET ADDRESS	<b>350 Gulf of Mexico Dr. 233</b>	
CITY-ST-ZIP	<b>Longboat Key, FL. 34228</b>	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFORD MACKMAN</b>	
STREET ADDRESS	<b>380 GULF OF MEXICO DR #523</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Warsaw, Arthur</b>	
STREET ADDRESS	<b>340 Gulf of Mexico Dr. 111</b>	
CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)