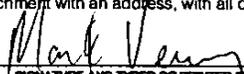


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90029 031 ****70.00

DOCUMENT # N43307					
1. Entity Name TANGLEWOOD ATHLETIC ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 30066 ORANGE PARK, FL 32065			Mailing Address P.O. BOX 30066 ORANGE PARK, FL 32065		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3045687	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARTER, MIKE 1508 WINSTON LANE ORANGE PARK, FL 32003			Name VERWEY, MARK		
			Street Address (P.O. Box Number is Not Acceptable)		
			1948 CALUSA TRAIL		
			City MIDDLEBURN		FL Zip Code 32065
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 		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, MIKE		NAME		
STREET ADDRESS	1508 WINSTON		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE	VP1	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPEER, BILLY		NAME	MARIA ESQUIVEL	
STREET ADDRESS	PO BOX 30066		STREET ADDRESS	P.O. Box 30066	
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	VP 2	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, SCOTT		NAME		
STREET ADDRESS	PO BOX 30066		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSER, PAUL		NAME	KEITH FOSTER	
STREET ADDRESS	P.O. BOX 30066		STREET ADDRESS	P.O. Box 30066	
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEPPARD, JASON		NAME	JOHN BERRIDGE	
STREET ADDRESS	PO BOX 30066		STREET ADDRESS	P.O. Box 30066	
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	