2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43307

FILED May 01, 2009 Secretary of State

Entity Name: TANGLEWOOD ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 30066 2680 GIFFORD AVE. ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 **Current Mailing Address: New Mailing Address:** P.O. BOX 30066 P.O. BOX 30066 ORANGE PARK, FL 32065 ORANGE PARK, FL 32030 FEI Number: 59-3045687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARK, VERWEY 1948 ĆALUSA TRAIL MIDDLEBURG, FL 32068 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CARTER, MIKE VERWEY, MARK Name: Name: 1508 WINSTON Address: 1948 CALUSA TRAIL Address: City-St-Zip: ORANGE PARK, FL 32003 US City-St-Zip: MIDDLEBURG, FL 32068 US Title: (X) Delete Title: () Change () Addition ESQUIVEL, MARIA Name: Name: Address: PO BOX 30066 Address: ORANGE PARK, FL 32065 US City-St-Zip: City-St-Zip: Title: VP 2 () Delete Title: () Change () Addition PARKER, SCOTT Name: Name: Address: PO BOX 30066 Address: City-St-Zip: ORANGE PARK, FL 32003 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: FOSTER, KEITH Name: Address: PO BOX 30066 Address: City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: Title: Title: () Delete () Change () Addition BERIDGE, JOHN Name: Name: PO BOX 30066 Address: Address: ORANGE PARK, FL 32065 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEITH FOSTER T 05/01/2009