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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001301 (0)**

1. Corporation Name
TANGERINE TRAILS HOMEOWNERS ASSOCIATION 4, INC.

Principal Place of Business	Mailing Address
850 E LAKE ELBERT DR NE WINTER HAVEN FL 33881	850 E LAKE ELBERT DR NE WINTER HAVEN FL 33881-4377

c/o Ramon E. Griggs
1485 Shorewood Drive
Lakeland, Fl. 33803

c/o Ramon E. Griggs
1485 Shorewood Drive
Lakeland, Fl. 33803

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report: 05/01/1996

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

~~GRIGGS, RAMON E~~
~~850 E LAKE ELBERT DR NE~~
~~WINTER HAVEN FL 33881~~

81 N
82 S
83
84 C

10. Name and Address of New Registered Agent

Ramon E. Griggs
1485 Shorewood Drive
Lakeland, Fl. 33803

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIGGS, RAMON E		1.2 NAME	
STREET ADDRESS	~~850 E LAKE ELBERT DR NE~~		1.3 STREET ADDRESS	1485 SHOREWOOD DR
CITY-ST-ZIP	~~WINTER HAVEN FL 33881~~		1.4 CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIGGS, RAMON E		2.2 NAME	
STREET ADDRESS	~~850 E LAKE ELBERT DR NE~~		2.3 STREET ADDRESS	1485 SHOREWOOD DR
CITY-ST-ZIP	~~WINTER HAVEN FL 33881~~		2.4 CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIGGS, EILEEN C		3.2 NAME	
STREET ADDRESS	~~850 E LAKE ELBERT DR NE~~		3.3 STREET ADDRESS	1485 SHOREWOOD DR
CITY-ST-ZIP	~~WINTER HAVEN FL 33881~~		3.4 CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GRIGGS, JEFFREY R		4.2 NAME	
STREET ADDRESS	~~002 AVE "S" SE~~		4.3 STREET ADDRESS	6285 TROI LANE
CITY-ST-ZIP	~~WINTER HAVEN FL 33880~~		4.4 CITY-ST-ZIP	LAKELAND FL 33813
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ~~[illegible]~~ RAMON E. GRIGGS 4/14/97 941-[redacted]-7219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0054626