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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001301**

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

Principal Place of Business	Mailing Address
SCHULTZ. REX 7963 BENJAMIN DR LAKELAND FL 33810 US SCHULZ, REX	SCHULTZ. REX 7963 BENJAMIN DR LAKELAND FL 33810 US SCHULZ, REX

2. Principal Place of Business
21 SCHULZ, REX
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 SCHULZ, REX
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualifed
03/11/1994

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

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

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

9. Name and Address of Current Registered Agent

SCHULTX, REX
SCHULZ, REX
7963 BENJAMIN DR
LAKELAND FL 33810

10. Name and Address of New Registered Agent

81 Name: SCHULZ, REX
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83
84 City: SAME **FL** 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 REX SCHULZ PD — Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE 4-19-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHULTZ, REX SCHULZ, REX 7963 BENJAMIN DR LAKELAND FL 33810	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ABRAMNS, GREGORY 7942 KAITLAND CIR LAKELAND FL 33810	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD LINDSAY, DOUGLAS 8037 KAITLIN CIR. LAKELAND FL. 33810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HICKS, KIM 7920 KAITLAND CIR LAKELAND FL 33810	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD EICK, CANDACE 7951 BENJAMIN DR. LAKELAND FL. 33810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ASHER, ROBERT 7947 BENJAMIN DR LAKELAND FL 33810	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD MURPHY, THOMAS 8053 KAITLIN CIR. LAKELAND FL. 33810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, THOMAS 8053 KAITLAND CIR LAKELAND FL 33810	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D MIKOLON, MARK 8015 KAITLIN CIR. LAKELAND FL. 33810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D ASHER, ROBERT 7947 BENJAMIN DR. LAKELAND FL. 33810	☐ Change ☒ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: REX SCHULZ PD — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-19-99
Daytime Phone #: 941-859-4137