

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90087 038 ****61.25

DOCUMENT # N94000001301

1. Entity Name
**TANGERINE TRAILS NORTH HOMEOWNERS
ASSOCIATION INC.**



Principal Place of Business
**8037 KAITLIN CIR.
LAKELAND, FL 33810-5147 US**

Mailing Address
**8037 KAITLIN CIR.
LAKELAND, FL 33810-5147 US**

00000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINDSAY, DOUGLAS
8037 KAITLIN CIRCLE
LAKELAND, FL 33810-5147**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 ☐ Delete
NAME LINDSAY, DOUGLAS
STREET ADDRESS 8037 KAITLIN CIRCLE
CITY-ST-ZIP LAKELAND, FL 33810

TITLE SD ☐ Delete
NAME MURPHY, THOMAS
STREET ADDRESS 8033 KAITLIN CIR.
CITY-ST-ZIP LAKELAND, FL 33810

TITLE VD ☒ Delete
NAME HOPKINS, JANET
STREET ADDRESS 7965 KAITLIN CIR
CITY-ST-ZIP LAKELAND, FL 33810

TITLE D ☒ Delete
NAME EICK, CANDACE
STREET ADDRESS 7951 BENJAMIN DR.
CITY-ST-ZIP LAKELAND, FL 33810

TITLE D ☐ Delete
NAME MIKOLON, MARK
STREET ADDRESS 8015 KAITLIN CIR.
CITY-ST-ZIP LAKELAND, FL 33810

TITLE TD ☐ Delete
NAME OHRMUND, MARY
STREET ADDRESS 7943 BENJAMIN DR
CITY-ST-ZIP LAKELAND, FL 33810

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME SLAVENS, THOMAS
STREET ADDRESS 7921 KAITLIN CIRCLE
CITY-ST-ZIP LAKELAND, FL 33810

TITLE D ☐ Change ☒ Addition
NAME SANDERSON, LEONARD
STREET ADDRESS 7973 KAITLIN CIRCLE
CITY-ST-ZIP LAKELAND, FL 33810

TITLE D ☐ Change ☒ Addition
NAME ELDER, KITTY
STREET ADDRESS 7908 KAITLIN CIRCLE
CITY-ST-ZIP LAKELAND, FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Douglas R. Lindsay* Douglas R. Lindsay

3/30/05

(863) 687-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #