

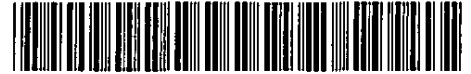
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 001 ****61.25

DOCUMENT # N94000001301	
1. Entity Name	
TANGERINE TRAILS NORTH HOMEOWNERS ASSOCIATION INC.	

Principal Place of Business	Mailing Address
8037 KAITLIN CIR. LAKELAND FL 33810-5147 US	8037 KAITLIN CIR. LAKELAND FL 33810-5147 US



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7947 Benjamin Drive	7947 Benjamin Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State
Lakeland, FL	Lakeland, FL
Zip	Zip
33810	33810
Country	Country
USA	USA

4. FEI Number	Applied For
NO-T APPLICABLE	Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LINDSAY, DOUGLAS 8037 KAITLIN CIRCLE LAKELAND FL 33810-5147

7. Name and Address of New Registered Agent
Name: Asher, Robert
Street Address (P.O. Box Number is Not Acceptable): 7947 Benjamin Drive
City: Lakeland FL Zip Code: 33810

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:  ROBERT E. ASHER President 3/18/07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

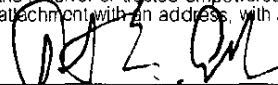
9. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.	

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD ☒ Delete
NAME	LINDSAY, DOUGLAS
STREET ADDRESS	8037 KAITLIN CIRCLE
CITY-STATE-ZIP	LAKELAND FL 33810
TITLE	SD ☒ Delete
NAME	MURPHY, THOMAS
STREET ADDRESS	8033 KAITLIN CIR.
CITY-STATE-ZIP	LAKELAND FL 33810
TITLE	VD ☐ Delete
NAME	SLAVENS, THOMAS
STREET ADDRESS	7921 KAITLIN CIRCLE
CITY-STATE-ZIP	LAKELAND FL 33810
TITLE	D ☒ Delete
NAME	SANDERSON, LEONARD
STREET ADDRESS	7973 KAITLIN CIRCLE
CITY-STATE-ZIP	LAKELAND FL 33810
TITLE	D ☒ Delete
NAME	MIKOLON, MARK
STREET ADDRESS	8015 KAITLIN CIR.
CITY-STATE-ZIP	LAKELAND FL 33810
TITLE	TD ☒ Delete
NAME	OHRMUND, MARY
STREET ADDRESS	7943 BENJAMIN DR
CITY-STATE-ZIP	LAKELAND FL 33810

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Change ☒ Addition
NAME	Asher, Robert
STREET ADDRESS	7947 Benjamin Drive
CITY-STATE-ZIP	Lakeland, FL 33810
TITLE	SD ☐ Change ☒ Addition
NAME	Scott, Carole
STREET ADDRESS	7926 Benjamin Drive
CITY-STATE-ZIP	Lakeland, FL 33810
TITLE	TD ☐ Change ☒ Addition
NAME	Smith, Chad
STREET ADDRESS	8028 Kaitlin Circle
CITY-STATE-ZIP	Lakeland, FL 33810
TITLE	D ☐ Change ☒ Addition
NAME	George, Michael
STREET ADDRESS	8023 Kaitlin Circle
CITY-STATE-ZIP	Lakeland, FL 33810
TITLE	D ☐ Change ☒ Addition
NAME	Holeinger, Janet
STREET ADDRESS	7905 Kaitlin Circle
CITY-STATE-ZIP	Lakeland, FL 33810
TITLE	D ☐ Change ☒ Addition
NAME	Vargas, Raquel
STREET ADDRESS	8043 Kaitlin Circle
CITY-STATE-ZIP	Lakeland, FL 33810

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  ROBERT E. ASHER President 3/18/07 863-858-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #