

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90023 013 ****61.25

DOCUMENT # N94000001301					
1. Entity Name TANGERINE TRAILS NORTH HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 7947 BENJAMIN DR LAKE LAND, FL 33810 US			Mailing Address 7947 BENJAMIN DR LAKE LAND, FL 33810 US		
2. Principal Place of Business - No P.O. Box # 7921 KAITLIN CIR Suite, Apt. #, etc.		3. Mailing Address PO BOX 640 Suite, Apt. #, etc.			
City & State LAKE LAND, FL		City & State KATHLEEN, FL		4. FEI Number 59-3227347 NOT APPLICABLE	
Zip 33810 Country US		Zip 33849-0640 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASHER, ROBERT 7947 BENJAMIN DR LAKE LAND, FL 33810			7. Name and Address of New Registered Agent Name: SLAVENS, THOMAS Street Address (P.O. Box Number is Not Acceptable): 7921 KAITLIN CIR City: LAKE LAND, 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: THOMAS SLAVENS, PRESIDENT DATE: 25 MAR 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHER, ROBERT 7947 BENJAMIN DR LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLAVENS, THOMAS 7921 KAITLIN CIR LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, CAROLE 7926 BENJAMIN DR LAKE LAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGE, MICHAEL 8025 KAITLIN CIR LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLAVENS, THOMAS 7921 KAITLIN CIRCLE LAKE LAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLZINGER, JANET 7905 KAITLIN CIR LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, MICHAEL 8025 KAITLIN CIR LAKE LAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, PATRICIA 7966 KAITLIN CIR LAKE LAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLEINGER, JANET 7905 KAITLIN CIR LAKE LAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, BILL 7953 KAITLIN CIR LAKE LAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, ROQUEL 8043 KAITLIN CIR LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSAY DOUGLAS 8037 KAITLIN CIR LAKE LAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: THOMAS SLAVENS, Pres. DATE: 25 MAR 2008 (863) 859-0690 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					