FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600002277

TANGO BAY PROPERTY OWNERS ASSOCIATION, INC.

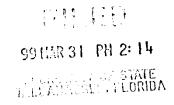
| Principal Place of Business | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| BROAD AND CASSEL 390 NORTH ORANGE AVENUE. STE. 1100 ORIANDO EL 32902 | | | | | | | | |

2. Principal Place of Business

Mailing Address

2a. Mailing Address

P O BOX 4961 390 NORTH ORANGE AVENUE. STE. 1100 ORLANDO FL 32802-961





3. Date Incorporated or Qualifed 04/22/1996

| - Suite, Apr. | <u></u> | | | | | | FEI Number | App | olied For | |
|---|---|-------------------------|---------------------|-----------------------------------|---|--|---|------------------|------------|--|
| 22 | 27 | | | 59-33/5298 | | | 59-3375298 | Not | Applicable | |
| City & Stat | tate City & State | | | | | | Certificate of Status Desired | \$8.75 A | dditional | |
| 23 | | 28 | · | | | ļ., | Certificate of Status Desired | Fee Rec | quired | |
| Zip | Country | Zip | Cou | ntry | | 6. | Election Campaign Financing | \$5.00 | May Be | |
| 24 | 25 29 30 | | | I rust Fund Contribution Added to | | | | Fees | | |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent 81 Name | | | | | |
| | | | | | Name | | | | ļ | |
| BROAD AND CASSEL | | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 390 N. ORANGE AVE., STE. 1100 | | | | 82 | Sireet Addres | Addition to the transport of the transpo | | | | |
| ORLANDO FL 32801 | | | | 83 | | | | | | |
| 0/22100/2020/ | | | | 84 | | | | | | |
| | | | | | City | | FL | 85 Zip C | ode | |
| 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 | | | | | | | | | | |
| Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | - | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | RS IN 12 | |
| TITLE | PD | DELETE 1.1 T | | | | | | Change | ☐ Addition | |
| NAME | CARACCIOLO, HOLLY L 12 | | | 2 NAME | | | | ĺ | | |
| STREET ADDRESS | AND AL ODANOF ALE OVE 4400 | | | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | Y-ST | -ZIP | | | | | |
| TITLE | VD □ DELETE 2 | | | 21 TITLE | | | | [] Change | Addition | |
| NAME. | | | | 22 NAME | | | | | Í | |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | | | ADDRESS | 5 | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | | TY-ST-ZIP | | | | | |
| TITLE | SD DELETE 3 | | | 31 TITLE | | | | Change | ☐ Addition | |
| NAME | COHEN, LAWRENCE J 32 | | | 32 NAME | | | 200002225 | | 21 | |
| STREET ADDRESS | 390 N. ORANGE AVE., STE. 1100 | | | 3.3 STREET ADDRESS | | | 30000232!5 -03/31/890 | 10720 | 55 . | |
| CITY-ST-ZIP | ORLANDO FL 34 | | | 34 CITY-ST-ZIP | | | *****81.25 | ***** | 1.25 | |
| TILE | DELETE 4 | | | 41 TITLE Change | | | | | ☐ Addition | |
| NAME | | | 4.2 N/ | ME | J | | | | J | |
| STREET ADDRESS | | | 4.3 ST | REET | ADDRESS | | | | ľ | |
| CITY-ST-ZIP | | | 4.4 CIT | Y-ST | - ZIP | | | | | |
| TITLE | • | | | 51 TITLE | | | and the second | Change | ☐ Addition | |
| NAME | 5 | | | 52 NAME | | | | | į | |
| STREET ADDRESS | 1 | | | 53 STREET ADDRESS | | | | | 1 | |
| CITY-ST-ZIP | + | | | Y-ST- | -216 | | | | | |
| TITLE | 2,000 | | | LE | Change | | | ☐ Addition | | |
| NAME | | | 62 NA | | } | | | | J | |
| STREET ADDRESS | | | | | ADDRESS | | V. | | ŀ | |
| CITY-ST-ZIP | | | 6401 | _ | | | | | | |
| I hereby c | entity that the information supplied with | this filing does not ac | ualify for the exer | nntic | on stated in Se | ction | 119.07(3)(i), Florida Statutes. I further cer | tify that the in | formation | |

indicated on this annual report/or officer or director of the corporation Block 12 or Block 13 if changed. report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in with an address, with all other like empowered

SIGNATURE: