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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 23, 1998 8:00 am  
Secretary of State

DOCUMENT # N96000002277 (9)

1. Corporation Name

TANGO BAY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

BROAD AND CASSEL  
390 NORTH ORANGE AVENUE, STE. 1100  
ORLANDO FL 32802

BROAD AND CASSEL  
390 NORTH ORANGE AVENUE, STE. 1100  
ORLANDO FL 32802

3. Date Incorporated or Qualified

04/22/1996

4. FEI Number

59-3375298

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 4961

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 32802-4961

30

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners' association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROAD AND CASSEL  
390 N. ORANGE AVE., STE. 1100  
ORLANDO FL 32801

81 Name

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

83

84 City

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

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 AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CARACCILO, HOLLY L  
STREET ADDRESS 390 N. ORANGE AVE., STE. 1100  
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME CONTE, FREDERICK H  
STREET ADDRESS 390 N. ORANGE AVE., STE. 1100  
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE

NAME COHEN, LAWRENCE J  
STREET ADDRESS 390 N. ORANGE AVE., STE. 1100  
CITY-ST-ZIP ORLANDO FL

TITLE T ☒ DELETE

NAME CORRENTE, GEORGE L  
STREET ADDRESS 390 N. ORANGE AVE., STE. 1100  
CITY-ST-ZIP ORLANDO FL 32802

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015778

CR2E037 (10/97)