

# 2001 UNIFORM BUSINESS REPORT (UBR)

0025997

DOCUMENT # N96000002277

1. Entity Name  
**TANGO BAY PROPERTY OWNERS ASSOCIATION, INC.**

FILED  
01 FEB 26 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**BROAD AND CASSEL** ~~P.O. BOX 4301~~  
**390 NORTH ORANGE AVENUE, STE. 1100**  
**ORLANDO FL 32802** **ORLANDO FL 32802-901**  
**US**



2. Principal Place of Business 3. Mailing Address  
**6800 VILLA DE COSTA DRIVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
**ORLANDO, FL**

Zip Country Zip Country  
**32821 USA**

4. FEI Number **59-3375298** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**BROAD AND CASSEL**  
**390 N. ORANGE AVE., STE. 1100**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
Name **B+C CORPORATE SERVICES OF CENTRAL FLORIDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**390 N. ORANGE AVENUE**  
**SUITE 1100**  
City **ORLANDO** FL Zip Code **32801**

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.  
**B+C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.**

SIGNATURE *[Signature]* DATE **1/12/01**  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARACCILOLO, HOLLY L 390 N. ORANGE AVE., STE. 1100 ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONTE, FREDERICK H 390 N. ORANGE AVE., STE. 1100 ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, LAWRENCE J 390 N. ORANGE AVE., STE. 1100 ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000003802250--5</b> <b>--03/06/01--01068--004</b> <b>*****61.25 *****61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SP</b>

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: *[Signature]* **2-19-01** **407/239-8808**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)