

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90097 016 ****61.25

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1. Entity Name

**TANGLEWOOD AT SUN'N LAKE MASTER ACTIVITIES
COMMITTEE, INC.**



Principal Place of Business

**3000 TANGLEWOOD PARKWAY
SEBRING FL 33872**

Mailing Address

**1952 SAWGRASS TRAIL
SEBRING FL 33872
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0852850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREYTAK, JOHN
3000 TANGLEWOOD PARKWAY
SEBRING FL 33872**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DS** ☒ Delete
NAME **STROPE, INGRID**
STREET ADDRESS **2227 WOODS & WATER**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **DP** ☐ Delete
NAME **MCKEEVER, TOM**
STREET ADDRESS **2125 BAYSIDE**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **DT** ☐ Delete
NAME **SCHÖPPENHORST, MARILYN M**
STREET ADDRESS **1952 SAWGRASS TRAIL**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **DV** ☒ Delete
NAME **FLAITZ, JAMES**
STREET ADDRESS **807 KOALA COURT**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Change ☐ Addition
NAME **SHIRLEY KABET**
STREET ADDRESS **1018 CAREFREE PARKWAY**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☒ Change ☐ Addition
NAME **JOHN MCKINNEY**
STREET ADDRESS **2213 WOODS & WATER COURT**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

3/3/06

863-314-0116

SIGNATURE: Marilyn Schoppenhorst **MARILYN SCHÖPPENHORST, TREASURER**