

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90189 048 \*\*\*\*\*61.25

DOCUMENT # N98000003502

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

GREYTAK, JOHN  
3000 TANGLEWOOD PARKWAY  
SEBRING FL 33872

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Delete  
NAME KABET, SHIRLEY  
STREET ADDRESS 1018 CAREFREE PKWY  
CITY-ST-ZIP SEBRING FL 33872

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

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

TITLE ☒ Change ☐ Addition  
NAME DAVIS, JEWELIN  
STREET ADDRESS 2302 FANCY FREE DR  
CITY-ST-ZIP SEBRING, FL 33872

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

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

TITLE DV ☒ Delete  
NAME MCKINNEY, JOHN  
STREET ADDRESS 2213 WOODS & WATER CT  
CITY-ST-ZIP SEBRING FL 33872

TITLE ☒ Change ☐ Addition  
NAME ANDERSEN, KENNETH  
STREET ADDRESS 3141 GOING TO THE SUN  
CITY-ST-ZIP SEBRING, FL 33872

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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.

SIGNATURE: MARILYN SCHOPPENHORST Marilyn Schoppenhorst 3/26/07 863-314-016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #