2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 22, 2000 8:00 am DOCUMENT # N99000003848 Secretary of State 1. Entity Name THE PARK AT TANGLEWOOD LAKES HOMEOWNERS' ASSOCIA 02-22-2000 90048 022 ****61.25 Principal Place of Business Mailing Address 2421 S.W. 127TH AVE. 2421 S.W. 127TH AVE. DAVIE FL 33318-7524 DAVIE FL 33325 2. Principal Place of Business 391 SW 957 Mailing Address CDS Management & Rea Terrace Suite, Apt. #, etc Estate Group, Inc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For Pembroke F 65-0 Not Applicable \$8.75 Additional 3°324S 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Management & Real 2 state pour SANCHEZ, LOUIS Iniversit 2421 S.W. 127TH AVE. DAVIE FL 33325 subjects statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named ent SIGNATURE 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Additio TITLE DP ☐ Delete TITLE 391 SW 95 Terrace NAME SANCHEZ, LOUIS NAME STREET ADDRESS STREET ADDRESS 2421 S.W. 127TH AVE. Pembroke Pines, F-1 33025 CITY-ST-ZIP CITY-ST-7IP **DAVIE FL 33325** Addition ☐ Delete TITLE TITLE Romano, Robert 9580-SW 3rd Street NAME NAME ROMERO, ROBERT STREET ADDRESS STREET ADDRESS 2421 S.W. 127TH AVE. Pembroke Pines Fl CITY-ST-7IP CITY-ST-ZIP **DAME FL 33325** ☐ Delete TITLE TITLE DS NAME NAME BEVANS, LUCILLE azı SW95 Terrace Dembroke Pines, F1 33025 STREET ADDRESS STREET ADDRESS 2421 S.W. 127TH AVE. CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33325** Delete TITI F TITLE Nissley, Shirley 9571 Sward Court NAME KARPIEL, CAROL M STREET ADDRESS STREET ADDRESS 2421 S.W. 127TH AVE. Pembroke Pines Fl CITY-ST-7IP CITY-ST-ZIP **DAVIE FL 33325** ☐ Additio TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.

FILED