

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90015 002 ****61.25

DOCUMENT # N99000003848

1. Entity Name
**THE PARK AT TANGLEWOOD LAKES HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**7154 N. UNIVERSITY DRIVE
#213
TAMARAC, FL 33321**

Mailing Address
**7154 N. UNIVERSITY DRIVE
#213
TAMARAC, FL 33321**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0340353

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LEVIN, CHERYL PA
4694 NW 103RD AVE
SUNRISE, FL 33351**

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

Filing Fee is \$61.25
Due by May 1, 2005

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 **P** ☐ Delete
NAME **DUARTE, ROBERT**
STREET ADDRESS **9570 SW 95TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE **P.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LADOO, EUGENE**
STREET ADDRESS **9580 SW 3RD STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **VILLEGAS, LORENA**
STREET ADDRESS **9571 SW 3RD ST**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE **S. W.P.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **LAMPMAN, MICHELLE**
STREET ADDRESS **281 SW 95 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE **Alfred Gonzalez, P.** ☐ Change ☒ Addition
NAME **9581 SW 3rd St.**
STREET ADDRESS **Pembroke Pines, FL 33025**
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **ODIO, RAPHAEL**
STREET ADDRESS **281 SW 95 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE **Rodriguez, Enriquez** ☐ Change ☒ Addition
NAME **9591 SW 3rd St**
STREET ADDRESS **Pembroke Pines FL 33025**
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 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:

Eugene Ladoo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05 954-447-1280
Date Daytime Phone #