

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-04-2007 90100 004 \*\*\*\*61.25

**FILED**

07 JUL -9 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RS*

<b>DOCUMENT # N99000003848</b> 1. Entity Name <b>THE PARK AT TANGLEWOOD LAKES HOMEOWNERS' ASSOCIATION, INC.</b>			
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 - No P.O. Box # <i>7932 Wiles Road</i> City & State <i>Coral Springs</i> Zip <i>33067</i> Country <i>USA</i>		3. Mailing Address <i>7932 Wiles Road</i> City & State <i>Coral Springs</i> Zip <i>33067</i> Country <i>USA</i>	
4. FEI Number <b>65-0340353</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LEVIN, CHERYL</b> 4694 NW 103RD AVE SUNRISE, FL 33351		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D DUARTE, ROBERT 9570 SW 95TH TERRACE PEMBROKE PINES, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bevans, Lucille 271 S.W. 95 Terrace Pembroke Pines FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LADOO, EUGENE 310 SW 95TH TER PEMBROKE PINES, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hill, Eric 2560 SW. 3rd Court Pembroke Pines FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ERICA 330 SW 95TH TER PEMBROKE PINES, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ENRIQUE 9591 SW 3RD STREET PEMBROKE PINES, FL 33025	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Lucille Bevans</i> <b>Lucille Bevans</b> 4-26-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

*Document corrected per Sharon Kassen, mgr - RS*