

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005395

Entity Name: TANGLEWOOD PRESERVE HOMEOWNER'S ASSOCIATION, INC.**FILED**
Apr 01, 2017
Secretary of State
CC6453197428**Current Principal Place of Business:**40347 US 19 N
SUITE 229
TARPON SPRINGS, FL 34689**Current Mailing Address:**40347 US 19 N
SUITE 229
TARPON SPRINGS, FL 34689 US**FEI Number: 20-4398414****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CITADEL PROPERTY MANAGEMENT GROUP, INC
40347 US 19 N
SUITE 229
TARPON SPRINGS, FL 34689 US*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.***SIGNATURE: JAMES RANALLO****04/01/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	JOHNSON, STEVEN
Address	40347 US 19 N SUITE 229
City-State-Zip:	TARPON SPRINGS FL 34689

Title	VP
Name	HAYES, WILLIAM
Address	40347 US 19 SUITE 229
City-State-Zip:	TARPON SPRINGS FL 34689

Title	SECRETARY
Name	BOUTILIER, ANDREW
Address	40347 US 19 N SUITE 229
City-State-Zip:	TARPON SPRINGS FL 34689

Title	TREASURER
Name	SMITH, CALVIN
Address	40347 US 19 N SUITE 229
City-State-Zip:	TARPON SPRINGS FL 34689

Title	DIRECTOR
Name	REID, ROY
Address	40347 US 19 N SUITE 229
City-State-Zip:	TARPON SPRINGS FL 34689

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW BOUTILIER**TREASURER****04/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date