

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37516

**Entity Name:** TANGLEWOOD ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5100 ORANGE AVE.  
PORT ORANGE, FL 32127**Current Mailing Address:**205 DELOACH ST  
PORT ORANGE, FL 32127 US**FEI Number: 59-3019388****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BELLEGARDE, WARREN  
253 FREEMAN ST  
PORT ORANGE, FL 32127 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: WARREN BELLEGARDE****01/13/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name WENRICH, MARAENE  
Address 180 TANGLEWOOD  
City-State-Zip: PORT ORANGE FL 32127

Title T  
Name JACKSON, KAREN  
Address 205 DELOACH ST  
City-State-Zip: PORT ORANGE FL 32127

Title S  
Name VILGAS, KATHLEEN  
Address 57 ANDREWS ST  
City-State-Zip: PORT ORANGE FL 32127

Title VP  
Name BLOTT, WILLIAM  
Address 71 ANDREWS ST  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name BELLEGARDE, WARREN  
Address 253 FREEMAN ST  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name CLOUTIER, JANICE  
Address 154 WALL ST  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name KERFIEN, JANET  
Address 26 FREDERICK ST  
City-State-Zip: PORT ORANGE FL 32127

*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: MARAENE P. WENRICH****PRESIDENT****01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date