

**2023 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:**186 TANGLEWOOD AVENUE  
PORT ORANGE, FL 32127 US**FEI Number: 59-3019388****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TANGLEWOOD ESTATES MOBILE HOMEOWNERS  
186 TANGLEWOOD AVENUE  
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: BONNIE WILLIAMS****04/07/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name CHAPMAN, JOHN  
Address 186 TANGLEWOOD AVENUE  
City-State-Zip: PORT ORANGE FL 32127

Title T  
Name WILLIAMS, SHARON  
Address 44 FREDERICK ST  
City-State-Zip: PORT ORANGE FL 32127

Title S  
Name GRZANKOWSKI, VICKI  
Address 267 BERN STREET  
City-State-Zip: PORT ORANGE FL 32127

Title VP  
Name HARVEY, WILLIAM  
Address 157 WALL STREET  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name VANYO, JOANNE  
Address 213 DELOACH STREET  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name VIGLAS, MATTHEW  
Address 59 ANDREWS STREET  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name BIDOLI, JOHN  
Address 226 LINDEN STREET  
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: SHARON WILLIAMS****TREASURER****04/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date