

2016 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:**180 TANGLEWOOD AVE
PORT ORANGE, FL 32127 US**FEI Number: 59-3019388****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WENRICH, MARALENE
180 TANGLEWOOD AVE
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: MARALENE WENRICH****02/02/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name WENRICH, MARALENE
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 BIDOLI, MARIO
Address 214 DELOACH ST
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR
Name TOBIN, MARILYN
Address 295 BERN ST
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR
Name BUSCO, BARBARA
Address 139 YOUNG 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: MARALENE WENRICH**PRESIDENT****02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date