

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37698

FILED
Mar 25, 2014
Secretary of State
CC4725811214

Entity Name: TANGERINE BAY CLUB ASSOCIATION, INC.

Current Principal Place of Business:

C/O LIGHTHOUSE PROPERTY MANAGEMENT
4134 GULD OF MEXICO DR
LONGBOAT KEY, FL 34228

Current Mailing Address:

C/O LIGHTHOUSE PROPERTY MANAGEMENT
4134 GULD OF MEXICO DR
LONGBOAT KEY, FL 34228

FEI Number: 65-0361112

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCLLENATHEN, CHAD ESQ
783 S ORANGE AVE STE 210
SARASOTA, FL 34236-4702 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MACKMAN, SANFORD
Address C/O LIGHTHOUSE PROPERTY
MANAGEMENT
4134 GULF OF MEXICO DR. #203
City-State-Zip: LONGBOAT KEY FL 34228

Title TD
Name CURTIS, JIM
Address C/O LIGHTHOUSE PROPERTY
MANAGEMENT
4134 GULF OF MEXICO DR. #203
City-State-Zip: LONGBOAT KEY FL 34228

Title SECRETARY
Name THORSTENSON, TERRY
Address C/O LIGHTHOUSE PROPERTY
MANAGEMENT
4134 GULF OF MEXICO DR. #203
City-State-Zip: LONGBOAT KEY FL 34228

Title D
Name BLACK, JACK
Address C/O LIGHTHOUSE PROPERTY
MANAGEMENT
4134 GULF OF MEXICO DR. #203
City-State-Zip: LONGBOAT KEY FL 34228

Title VP
Name GELLER, ARTHUR DR.
Address C/O LIGHTHOUSE PROPERTY
MANAGEMENT
4134 GULD OF MEXICO DR
City-State-Zip: LONGBOAT KEY FL 34228

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: DR. SANFORD MACKMAN

PRESIDENT

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date