

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003848

**Entity Name:** THE PARK AT TANGLEWOOD LAKES HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 24, 2025**  
**Secretary of State**  
**9451089088CC**

**Current Principal Place of Business:**

C/O JSB PROPERTY MANAGEMENT  
2091 NE 36TH STREET #50373  
LIGHTHOUSE POINT, FL 33074

**Current Mailing Address:**

C/O JSB PROPERTY MANAGEMENT  
PO BOX 50373  
LIGHTHOUSE POINT, FL 33074 US

**FEI Number:** 65-0340353

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVIN, CHERYL  
4694 NW 103RD AVENUE  
SUNRISE, FL 33351 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:** CHERYL LEVIN

04/24/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BEVANS, LUCILLE  
Address        C/O JSB PROPERTY MANAGEMENT  
                  PO BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

Title            SECRETARY  
Name            BROWN, ERICA  
Address        C/O JSB PROPERTY MANAGEMENT  
                  PO BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

Title            TREASURER  
Name            MODESTE, CORINE  
Address        C/O JSB PROPERTY MANAGEMENT  
                  PO BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

Title            VP  
Name            CLEVRON, CALLISTE  
Address        C/O JSB PROPERTY MANAGEMENT  
                  PO BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

Title            DIRECTOR  
Name            NARCISSE, GILLIAN  
Address        C/O JSB PROPERTY MANAGEMENT  
                  PO BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

*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:** LUCILLE BEVANS

**PRESIDENT**

04/24/2025

Electronic Signature of Signing Officer/Director Detail

Date