

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90001 019 ****61.25

DOCUMENT # 733066 1. Entity Name ZEPHYR ESTATES EAST, INC.					
Principal Place of Business 4801 AIRPORT RD ZEPHYRHILLS FL 33540 US		Mailing Address 4801 AIRPORT RD ZEPHYRHILLS FL 33540 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAHM, JIM 4801 AIRPORT RD CONDO #113 ZEPHYRHILLS FL 33540				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD GAHM, JIM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	FOXWOOD CONDO #113		NAME		
STREET ADDRESS	ZEPHYRHILLS FL 33540		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D SHODAH, GLENDON ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	FOXWOOD CONDO #120		NAME		
STREET ADDRESS	ZEPHYRHILLS FL 33540		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D WALRAVEN, JIMMIE R ☐ Delete		TITLE	OV ☒ Change ☐ Addition	
NAME	FOXWOOD CONDO #218		NAME	Walraven, jimmie Ray	
STREET ADDRESS	ZEPHYRHILLS FL 33540		STREET ADDRESS	Foxwood Condo, # 218	
CITY-ST-ZIP			CITY-ST-ZIP	Zephyrhills Fl 33542	
TITLE	DV ☒ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	VILLNAVE, KEITH		NAME	Krebs, Ross	
STREET ADDRESS	FOXWOOD CONDO #115		STREET ADDRESS	Foxwood Condo #112	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		CITY-ST-ZIP	Zephyrhills, Fl 33542	
TITLE	D ☒ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	MARTIN, STEPHEN		NAME	Debra Martin	
STREET ADDRESS	FOXWOOD CONDO 210		STREET ADDRESS	Foxwood Condo #210	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542		CITY-ST-ZIP	Zephyrhills, Fl 33542	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jim Gahn</i>			2-28-04 815-677-8300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

34014633



MOORE CR2E037 (11/03)

4. FEI Number **59-1901703** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required