2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90252 030 ***150.00

DOCUMENT # N99000000506

1. Entity Name

THE HIGHLANDS OF TANGLEWOOD EAST HOMEOWNERS' ASS OCIATION, INC.

Principal Place of Business	Mailing Address
~~8201 RIVER RIDGE BLVD~~ ~~NEW PORT RICHEY FL 34654~~	4044 NEWPORT DRIVE STE 100 NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4044 NEWPORT DR.	SAME AS ABOVE
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc.
City & State NEW PORT RICHEY, FL	City & State
Zip 34652	Zip
Country PASCO	Country

4. FEI Number 59-3565927 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TANKEL, ROBERT L 1299 MAIN ST, SUITE F DUNEDIN FL 34654	Name Street Address (P.O. Box Number is Not Acceptable) City **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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOYCE, W.H. PO BOX 308 NEW PORT RICHEY FL 34656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIS, SHELLEY A PO BOX 308 NEW PORT RICHEY FL 34656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BELINKOFF, ALLAN PO BOX 308 NEW PORT RICHEY FL 34656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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: Shelley A. Davis 1-8-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #