2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90070 009 ****61.25

DOCUMENT # N99000000506

1. Entity Name
THE HIGHLANDS OF TANGLEWOOD EAST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4044 NEWPORT DR SUITE 100 NEW PORT RICHEY, FL 34652	4044 NEWPORT DRIVE STE 100 NEW PORT RICHEY, FL 34652

01302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
8320 Boyce Court	8320 Boyce Court
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: New Port Richey, Fl	City & State: New Port Richey
Zip: 34654 Country: US	Zip: 34654 Country: US

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

TANKEL, ROBERT L
1299 MAIN ST, SUITE F
DUNEDIN, FL 34654

7. Name and Address of New Registered Agent

Name: David Williams
Street Address (P.O. Box Number is Not Acceptable): 9503 Paver Court
City: New Port Richey FL Zip Code: 34654

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: David H. Williams — David Williams, VP/Dir. — 3/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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 / 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	PD Alfonsa James 8320 Boyce Court New Port Richey, Fl 34654	☑ 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	VD David Williams 9503 Paver Court New Port Richey, Fl 34654	☑ 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	TD Doris J. Slaton 9530 Paver Court New Port Richey, Fl 34654	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Joan VanZandt 8310 Boyce Court New Port Richey, Fl 34654	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: Alfonsa James — Alfonsa James — 3/12/04 — (727) 816-3212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #