# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2005 8:00 am**
**Secretary of State**
04-13-2005 90052 017 ****61.25

DOCUMENT # N99000000506

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

40033134

| Principal Place of Business | Mailing Address |
|---|---|
| ~~8320 BOYCE COURT~~<br>~~NEW PORT RICHEY, FL 34654~~ | ~~8320 BOYCE COURT~~<br>~~NEW PORT RICHEY, FL 34654~~ |

04042005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8056 Old CR 54 | 8056 Old CR 54 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: New Port Richey, FL | City & State: New Port Richey, FL |
| Zip: 34653 Country: USA | Zip: 34653 Country: USA |

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 |
|---|---|
| ~~WILLIAMS, DAVID~~<br>~~9503 PAVER COURT~~<br>~~NEW PORT RICHEY, FL 34654~~ | Name: Community Management Svcs. Inc.<br>Street Address (P.O. Box Number is Not Acceptable): 8056 Old CR 54<br>City: New Port Richey **FL** Zip Code: 34653 |

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 _____ 4-8-05
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, 2005**

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<br>JAMES, ALFONSA<br>9320 BOYCE COURT<br>NEW PORT RICHEY, FL 34654 | ☒ Delete | PD<br>Scott Burford<br>9545 Paver Ct<br>New Port Richey, FL 34654 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>WILLIAMS, DAVID<br>9503 PAVER COURT<br>NEW PORT RICHEY, FL 34654 | ☒ Delete | TD<br>Jim Slaton<br>9530 Paver Ct<br>New Port Richey, FL 34654 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SLATON, DORIS J<br>96530 PAVER COURT<br>NEW PORT RICHEY, FL 34654 | ☒ Delete | SD<br>John Campanella<br>8300 Boyce Ct<br>New Port Richey, FL 34654 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>VANZANDT, JOAN<br>8310 BOYCE COURT<br>NEW PORT RICHEY, FL 34654 | ☒ Delete | D<br>John Sullins<br>8246 Boyce Ct<br>New Port Richey, FL 34654 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ 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:** Scott Burford Scott Burford 4/6/05 727-919-0590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #