N99000000506

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE HIGHLANDS OF TANGLEWOOD EAST HOA, INC.
Name of Corporation

DOCUMENT NUMBER: N99000000506

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gayle P. James
Name of Contact Person

THE HIGHLANDS OF TANGLEWOOD EAST HOMEOWNERS ASSOC. INC
Firm/Company

8320 BOYCE COURT
Address

NEW PORT RICHEY, FL 34654
City/State and Zip Code

skeeterj10@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gayle P. James at (727) 847-4603
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

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14 FEB -3 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 FEB -3 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 12, 2013

GAYLE JAMES
THE HIGHLANDS OF TANGLEWOOD EAST HOMEOWN
8320 BOYCE CT
NEW PORT RICHEY, FL 34654

SUBJECT: THE HIGHLANDS OF TANGLEWOOD EAST HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N99000000506

We have received your document for THE HIGHLANDS OF TANGLEWOOD EAST HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is $35.

There is a balance due of $10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 113A00028278

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: HIGHLANDS OF TANGLEWOOD EAST HOMEOWNERS ASSOC., INC.
2. The principal office address: 8320 BOYCE COURT, NEW PORT RICHEY, FLORIDA 34654
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Jan. 21, 1999 Document number: N99000000506
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   Joan Van Zandt
   8320 Boyce Court
   New Port Richey, FL 34654

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   Gayle James
   8320 Boyce Court
   P.O. Box NOT acceptable
   New Port Richey, FL 34654

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14 FEB -3 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Gayle James — Signature of an officer or director

Gayle James, President — Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Gayle James — Signature of Registered Agent

1-29-14 — Date

If signing on behalf of an entity:

_____
Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)