

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90727 041 ****61.25

DOCUMENT # N00000003855

1. Entity Name
TALL PINES VILLAGE OF HERITAGE PINES, INC.



Principal Place of Business
11524 SCENIC HILLS BLVD.
HUDSON, FL 34667

Mailing Address
11524 SCENIC HILLS BLVD.
HUDSON, FL 34667



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3670476

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

WASHBURN, PAMELA S.
11524 SCENIC HILLS BLVD.
HUDSON, FL 34667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 DP
NAME JORDAN, GEORGE
STREET ADDRESS 11524 SCENIC HILLS BLVD
CITY-ST-ZIP HUDSON, FL 34667 ☒ Delete

TITLE DP
NAME Bob Druehline
STREET ADDRESS 11524 Scenic Hills Blvd
CITY-ST-ZIP Hudson FL 34667 ☒ Change ☐ Addition

TITLE VPO
NAME WASHBURN, PAMELA S
STREET ADDRESS 11524 SCENIC HILLS BLVD.
CITY-ST-ZIP HUDSON, FL 34667 ☐ Delete

TITLE
NAME OR
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DVP
NAME PEK, CHET
STREET ADDRESS 11524 SCENIC HILLS BLVD.
CITY-ST-ZIP HUDSON, FL 34667 ☒ Delete

TITLE DVP
NAME Leo Summers
STREET ADDRESS 11524 Scenic Hills Blvd
CITY-ST-ZIP Hudson FL 34667 ☒ Change ☐ Addition

TITLE DST
NAME MAYLEBEN, DABS
STREET ADDRESS 11524 SCENIC HILLS BLVD
CITY-ST-ZIP HUDSON, FL 34667 ☒ Delete

TITLE DST
NAME Margie Mullarkey
STREET ADDRESS 11524 Scenic Hills Blvd
CITY-ST-ZIP Hudson FL 34667 ☒ 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:

Pamela Washburn VP Oper 4/24/04 827-1680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #