


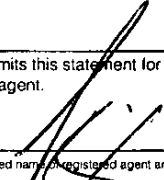
**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90356 046 \*\*\*\*61.25

**60029479**



<b>DOCUMENT # N00000003855</b>					
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	4. FEI Number 59-3670476	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <u>Evans Mulligan</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>11524 Scenic Hills Blvd</u>	
				City <u>Hudson</u> FL Zip Code <u>34667</u>	
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 		<u>Evans Mulligan Gen Mgr</u>		DATE <u>4-19-06</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee Is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRUEDING, BOB	NAME			
STREET ADDRESS	11524 SCENIC HILLS BLVD	STREET ADDRESS			
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP			
TITLE	VPO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WASHBURN, PAMELA S	NAME			
STREET ADDRESS	11524 SCENIC HILLS BLVD.	STREET ADDRESS			
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEHLING, ROGER	NAME			
STREET ADDRESS	11524 SCENIC HILLS BLVD.	STREET ADDRESS			
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULLARKEY, MARGE	NAME			
STREET ADDRESS	11524 SCENIC HILLS BLVD	STREET ADDRESS			
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert Drueding</u>		<u>4/11/06</u>		<u>727 861-7784</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
<u>Robert Drueding</u>					