

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90164 016 \*\*\*\*61.25

DOCUMENT # N03000001597  
 1. Entity Name  
 LAKESTONE VILLAGE OF HERITAGE SPRINGS, INC.



Principal Place of Business  
 4902 EISENHOWER BLVD.  
 SUITE 380  
 TAMPA, FL 33634

Mailing Address  
 4902 EISENHOWER BLVD.  
 SUITE 380  
 TAMPA, FL 33634

54052885



2. Principal Place of Business  
 11345 ROBERT TRENT JONES PKWY  
 Suite, Apt. #, etc.

3. Mailing Address  
 11345 ROBERT TRENT JONES PKWY  
 Suite, Apt. #, etc.

04072004 Chg-NP CR2E037 (10/03)

City & State  
 NEW PORT RICHEY FL

City & State  
 NEW PORT RICHEY FL

Zip  
 34655

Country  
 PASCO

Zip  
 34655

Country  
 PASCO

4. FEI Number  
 02-0681158

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VALENTI, BETTY  
 4902 EISENHOWER BLVD.  
 SUITE 380  
 TAMPA, FL 33634

7. Name and Address of New Registered Agent  
 Name  
 KRACH, MITCHELL P GM

Street Address (P.O. Box Number is Not Acceptable)  
 HERITAGE SPRINGS COMM. ASS. INC.  
 11345 ROBERT TRENT JONES PARKWAY

City  
 NEW PORT RICHEY FL

Zip Code  
 34655

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |
|       |      |                |             | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11-10)

| TITLE | NAME                   | STREET ADDRESS                   | CITY-ST-ZIP              | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------------------------|----------------------------------|--------------------------|---------------------------------|--|
| DVP   | BARBER, NORMAN         | 11345 ROBERT TRENT JONES PARKWAY | NEW PORT RICHEY FL 34655 | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| DST   | LUKASEWSKI, JOHN L. JR | 11345 ROBERT TRENT JONES PARKWAY | NEW PORT RICHEY FL 34655 | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| DP    | EICHHOLT, LEWIS, JR.   | 11345 ROBERT TRENT JONES PARKWAY | NEW PORT RICHEY FL 34655 | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
| VP    | KRACH, MITCHELL        | 11345 ROBERT TRENT JONES PARKWAY | NEW PORT RICHEY FL 34655 | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
|       |                        |                                  |                          | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                        |                                  |                          | <input type="checkbox"/>        | <input type="checkbox"/>                     |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 11 of this report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mitchell P. Krach MITCHELL KRACH 4/23/04 727-372-5411  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domicile Prefix