


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90262 039 ****61.25

DOCUMENT # N03000001597							
1. Entity Name LAKESTONE VILLAGE OF HERITAGE SPRINGS, INC.							
Principal Place of Business 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655		Mailing Address 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	02052005 Chg-NP CR2E037 (10/03)			
4. FEI Number 02-0681158			Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KRACH, MITCHELL P GM HERITAGE SPRINGS COMM, AS., INC. 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655			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 _____		DATE		DATE			
Filing Fee is \$61.25 Due by May 1, 2005		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	DVP	<input type="checkbox"/> Delete	TITLE	President, Advisory Council	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARBER, NORMAN		NAME	Bob Docherty			
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY		STREET ADDRESS	11345 Robert Trent Jones Pkwy			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	New Port Richey FL 34655			
TITLE	DST	<input type="checkbox"/> Delete	TITLE	Treasurer, Advisory Council	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LUKASEWSKI, JOHN L JR		NAME	Tom Leopold			
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY		STREET ADDRESS	11345 Robert Trent Jones Pkwy			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	New Port Richey, FL 34655			
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EICHHOLT, LEWIS JR		NAME				
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY		STREET ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRACH, MITCHELL		NAME				
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY		STREET ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		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 exemption stated in Section 119.07(3)(j), 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: _____		Date		Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							