
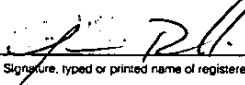
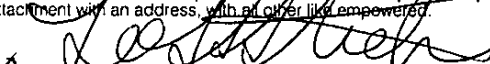


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90010 028 \*\*\*\*61.25

DOCUMENT # N03000001597					
1. Entity Name LAKESTONE VILLAGE OF HERITAGE SPRINGS, INC.					
Principal Place of Business 40347 US HWY 19N, STE 229 TARPON SPRINGS, FL 34489			Mailing Address 40347 US HWY 19N, STE 229 TARPON SPRINGS, FL 34489		
2. Principal Place of Business		3. Mailing Address 40347 US HWY 19N			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 229			
City & State		City & State Tarpon Springs		4. FEI Number 02-0681158	
Zip		Zip 34689		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent RANALLO, JIM 40347 US HWY 19 N STE 229 TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name: Ronallo Jim Street Address (P.O. Box Number is Not Acceptable): 40347 US HWY 19 N STE 229 City: Tarpon Springs FL Zip Code: 34689		
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: 		(NOTE: Registered Agent signature required when reinstating)		DATE: 2/20/06	
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBER, NORMAN		NAME	LAUTERBACH, TIM	
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY		STREET ADDRESS	1611 LAKESTONE DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUKASEWSKI, JOHN L JR		NAME	D'AGATA, PETER	
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY		STREET ADDRESS	1753 CADWAY CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EICHHOLT, LEWIS JR		NAME	STIGAL, LEE	
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY		STREET ADDRESS	1752 CADWAY CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	PAC	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOCHERTY, BOB		NAME	HUDSON, ANN	
STREET ADDRESS	11345 ROBERT TRENT JONES PKWY		STREET ADDRESS	1816 LAKESTONE DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	TAC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEOPOLD, TOM		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		
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 lists empowered.					
SIGNATURE: 		Date: 2/20/06		Daytime Phone #: 727-938-7730	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	