


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90031 003 ****61.25

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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 34689 US**

90000170



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

03252008 Chg-NP CR2E037 (12/06)

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

RANALLO, JIM
40347 US HWY 19 N STE 229
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

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, 2008**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	A'AGATA, PETER	
STREET ADDRESS	1753 CADWAY CT	
CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACQUIN, MILE	
STREET ADDRESS	1815 LAKESTON DRIVE	
CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, PAT	
STREET ADDRESS	1727 LAKESTONE DR.	
CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MENDY, GUS	
STREET ADDRESS	1707 LAKESTONE DR.	
CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEWMRE, JIM	
STREET ADDRESS	1852 LAKESTONE DR	
CITY-ST-ZIP	TRINITY, FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reinwald, Tonnette	
STREET ADDRESS	1830 Cadway Ct	
CITY-ST-ZIP	Trinity FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Callan, Joe	
STREET ADDRESS	1701 Lakestone Dr	
CITY-ST-ZIP	Trinity FL 34655	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bagley, John	
STREET ADDRESS	1746 Lakestone Dr	
CITY-ST-ZIP	Trinity FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: J. Ranallo Agent **3/25/08** **727-938-7730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #