

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001597

FILED
Feb 02, 2009
Secretary of State

Entity Name: LAKESTONE VILLAGE OF HERITAGE SPRINGS, INC.

Current Principal Place of Business:

40347 US HWY 19N, STE 229
TARPON SPRINGS, FL 34489

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 02-0681158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: REINWALD, TONETTE
Address: 1830 CADWAY CT.
City-St-Zip: TRINITY, FL 34655

Title: TD () Delete
Name: JACQUIN, MILE
Address: 1815 LAKESTON DRIVE
City-St-Zip: TRINITY, FL 34655

Title: SD () Delete
Name: CALLAN, JOE
Address: 1701 LAKESHORE DR.
City-St-Zip: TRINITY, FL 34655

Title: PD () Delete
Name: MENDY, GUS
Address: 1707 LAKESTONE DR.
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: BAGLEY, JOHN
Address: 1746 LAKESTONE DR.
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: JACQMIN, MIKE
Address: 1815 LAKESTON DRIVE
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MOODY, GUS
Address: 1707 LAKESTONE DR.
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM RANALLO, LCAM

Electronic Signature of Signing Officer or Director

MGR

02/02/2009

Date