

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001597

**FILED**  
**Mar 31, 2010**  
**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: TD  
Name: PARMALEE, PATRICK  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD  
Name: CALLAN, JOE  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD  
Name: WASKELIS, JUDY  
Address: 40347 US 19 N, STE 229  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D  
Name: BAGLEY, JOHN  
Address: 40347 US 19 N, STE 229.  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: JIM RANALLO

AGT

03/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date