2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90003 001 ***122.50

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1. Entity Name

WINDING WILLOW VILLAGE OF HERITAGE SPRINGS, INC.

Principal Place of Business	Mailing Address
11509 HIDDEN COVE COURT PORT RICHEY FL 34655	11509 HIDDEN COVE COURT NEW PORT RICHEY FL 34655-7101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11345 ROBERT TRENT Suite, Apt. #, etc. JONES PKWY	11345 ROBERT TRENT Suite, Apt. #, etc. JONES PKWY
City & State: NEW PORT RICHEY FL	City & State: NEW PORT RICHEY FL
Zip: 34655 Country: PASCO	Zip: 34655 Country: PASCO

4. FEI Number: 59-3610214 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, LEE R.
11509 HIDDEN COVE COURT
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name: MITCHELL P. KRACH, GEN. MGR
Street Address (P.O. Box Number is Not Acceptable): 11345 ROBERT TRENT JONES PARKWAY
City: NEW PORT RICHEY FL Zip Code: 34655

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.

SIGNATURE: Mitchell P Krach Mitchell P Krach General Manager 4/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE R. THOMPSON 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY FL 34655 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHN J. LUKASZEWSKI JR. 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY FL 34655 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO PAMELA S. WASHBURN 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY FL 34655 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NORMAN BARBER 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY FL 34655 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE Mitchell P Krach Pres. 4-26-00 (727) 375-5536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #