2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State
05-19-2005 90045 027 ****61.25

DOCUMENT # N99000006701

1. Entity Name
WINDING WILLOW VILLAGE OF HERITAGE SPRINGS, INC.

Principal Place of Business	Mailing Address
11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655	11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655

04252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
#840 2880 Scherer Dr	#846 2880 Scherer Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
St. Petersburg	St. Petersburg
City & State: FL	City & State: FL
Zip: 33716 Country: Pinellas	Zip: 33716 Country: Pinellas

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	7. Name and Address of New Registered Agent
KRACH, MITCHELL P GEN 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655	Name: Ronald E Cotterill Street Address (P.O. Box Number is Not Acceptable): 466 N Tampa St., Ste 2625 City: Tampa FL Zip Code: 33602

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: Ronald E Cotterill 5/2/05
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CASS, RAY 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVP OLIVER, ROBERT 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPO KRACH, MITCHELL P 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition T ANGEVINE, BOB 1023 WINDING WILLOW DR NEW PORT RICHEY, FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SACCOMANNO, CHRISTINE 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition S SACCOMANNO, CHRISTINE 1229 WINDING WILLOW DR NEW PORT RICHEY, FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D NATALE, RALPH 1310 WINDING WILLOW DR NEW PORT RICHEY, FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond L Cass 04/28/05 727-376-3082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAY 4 2005