

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90164 020 \*\*\*\*61.25

DOCUMENT # N99000002167

1. Entity Name  
LAKESIDE VILLAGE OF HERITAGE SPRINGS, INC.



Principal Place of Business  
11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655

Mailing Address  
11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655

**54052881**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-3610213

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 GM  
11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655

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, 2004**

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 DP  
NAME WERTOVICH, STEVE ☐ Delete  
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPO  
NAME KRACH, MITCHELL ☐ Delete  
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT  
NAME SCHUMER, JUDY ☐ Delete  
STREET ADDRESS 11345 ROBERT TRENT JONES PKWY  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS  
NAME DORNE, ED ☒ Delete  
STREET ADDRESS 11345 ROBERT TRENT JONES PKWY  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE DS ☒ Change ☐ Addition  
NAME BLANCK, NOREEN  
STREET ADDRESS 11345 ROBERT TRENT JONES PARKWAY  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL KRACH

4/23/04

727-372-5411