

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000002167

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



Principal Place of Business  
1131 ASHBOURNE CIR  
NEW PORT RICHEY, FL 34655

Mailing Address  
1131 ASHBOURNE CIR  
NEW PORT RICHEY, FL 34655



01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3610213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WERTOVITCH, STEVEN  
1131 ASHBOURNE CIR  
NEW PORT RICHEY, FL 34655

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WERTOVICH, STEVE
STREET ADDRESS	1131 ASHBOURNE CIR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	DV
NAME	SCHUMER, JUDITH
STREET ADDRESS	1013 ASHBOURNE CIR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	DS
NAME	DORNE, ED
STREET ADDRESS	1033 ASHMORE CIR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	DT
NAME	CREECH, BILL
STREET ADDRESS	1123 ASHBOURNE CIR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/07-80030-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Steven WERTOVITCH STEVEN WERTOVITCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2007

Date

727-375-0852

Daytime Phone #