

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003551

FILED
Apr 25, 2008
Secretary of State

Entity Name: PINES WAY VILLAGE OF HERITAGE PINES, INC.

Current Principal Place of Business:

18215 BRANCH
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

18215 BRANCH
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3648889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIER COMMUNITY CONSULTANTS INC
18215 BRANCH RD
HUDSON, FL 34667 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: VP () Delete
Name: NOELEEN, PASQUA
Address: 11524 SCENIC HILLS BLVD
City-St-Zip: HUDSON, FL 34667

Title: PD () Delete
Name: PORTER, ANN
Address: 11524 SCENIC HILLS BLVD
City-St-Zip: HUDSON, FL 34667

Title: VD () Delete
Name: SHINBEIN, MARILYN
Address: 11524 SCENIC HILLS BLVD
City-St-Zip: HUDSON, FL 34667

Title: SD (X) Delete
Name: KOELSCH, ARTHUR
Address: 11524 SCENIC HILLS BLVD
City-St-Zip: HUDSON, FL 34667

Title: TD (X) Delete
Name: SHINBEIN, BOB
Address: 11524 SCENIC HILLS BLVD
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SHINBEIN, MARILYN
Address: 11524 SCENIC HILLS BLVD
City-St-Zip: HUDSON, FL 34667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: KOELSCH, ARTHUR
Address: 11524 SCENIC HILLS BLVD
City-St-Zip: HUDSON, FL 34667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA S WASHBURN

AGT

04/25/2008

Electronic Signature of Signing Officer or Director

Date