

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001597

**Entity Name:** LAKESTONE VILLAGE OF HERITAGE SPRINGS, INC.**Current Principal Place of Business:**40347 US HWY 19N, STE 229  
TARPON SPRINGS, FL 34489**Current Mailing Address:**40347 US HWY 19N  
STE 229  
TARPON SPRINGS, FL 34689 US**FEI Number:** 02-0681158**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RANALLO, JAMES J  
40347 US HWY 19 N STE 229  
TARPON SPRINGS, FL 34689 US*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**Officer/Director Detail :**

Title	VP
Name	WASKEL, JOE
Address	40347 US 19 N, STE 229
City-State-Zip:	TARPON SPRINGS FL 34689

Title	PRESIDENT
Name	LAUTERBACH, TOM
Address	40347 US 19 N, STE 229.
City-State-Zip:	TARPON SPRINGS FL 34689

Title	DIRECTOR
Name	DOLAK, DIANE
Address	40347 US HWY 19N STE 229
City-State-Zip:	TARPON SPRINGS FL 34689

Title	TD
Name	PLESNIK, STEVE
Address	40347 US 19 N, STE 229
City-State-Zip:	TARPON SPRINGS FL 34689

Title	SECRETARY
Name	GALLAGHER, CATHY
Address	40347 US 19 N, STE 229
City-State-Zip:	TARPON SPRINGS FL 34689

*I hereby 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 all other like empowered.*

**SIGNATURE:** TOM LAUTERBACH**PRESIDENT****02/05/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date