Entity Name: LAKESTONE VILLAGE OF HERITAGE SPRINGS, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O COMMUNITY MANAGEMENT SERVICES 5207 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652

Current Mailing Address:

DOCUMENT# N0300001597

C/O COMMUNITY MANAGEMENT SERVICES 5207 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652 US

FEI Number: 02-0681158

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC. C/O COMMUNITY MANAGEMENT SERVICES 5207 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652 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	E KIM JOHNSON			04/26/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR	Title	TREASURER	
Name	SIMPSON, MIKE	Name	PLESNIK, STEVE	
Address	C/O COMMUNITY MANAGEMENT SERVICES 5207 TROUBLE CREEK ROAD	Address	C/O COMMUNITY MANAGEMEN SERVICES 5207 TROUBLE CREEK ROAD	Т
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	
Title	PRESIDENT	Title	SECRETARY	
Name	SHAW, WILLIAM	Name	SCHMELZEL, GAYLE	
Address	C/O COMMUNITY MANAGEMENT SERVICES 5207 TROUBLE CREEK ROAD	Address	C/O COMMUNITY MANAGEMEN SERVICES 5207 TROUBLE CREEK ROAD	т
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	
Title	VP			
Name	MCEWAN, KEN			
Address	C/O COMMUNITY MANAGEMENT SERVICES 5207 TROUBLE CREEK ROAD			
City-State-Zip:	NEW PORT RICHEY FL 34652			

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.

PRESIDENT

SIGNATURE: WILLIAM SHAW

Electronic Signature of Signing Officer/Director Detail

FILED Apr 26, 2018 Secretary of State CC7126528515

Certificate of Status Desired: No

04/26/2018

Date