

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001597

**FILED**  
**Apr 20, 2024**  
**Secretary of State**  
**1065454438CC**

**Entity Name:** LAKESTONE VILLAGE OF HERITAGE SPRINGS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 02-0681158

**Certificate of Status Desired:** No

**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:** KIM JOHNSON

04/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name WINEMAN, JACK  
Address C/O COMMUNITY MANAGEMENT SERVICES  
5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER, DIRECTOR  
Name FULLAM, KAREN  
Address C/O COMMUNITY MANAGEMENT SERVICES  
5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title PRESIDENT, DIRECTOR  
Name ROONEY, DAN  
Address C/O COMMUNITY MANAGEMENT SERVICES  
5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY, DIRECTOR  
Name LANDSMAN, RENEE  
Address C/O COMMUNITY MANAGEMENT SERVICES  
5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name CURTHS, CONNIE  
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.*

**SIGNATURE:** DAN ROONEY

PRESIDENT

04/20/2024

Electronic Signature of Signing Officer/Director Detail

Date