## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001597

Entity Name: LAKESTONE VILLAGE OF HERITAGE SPRINGS, INC.

FILED Feb 10, 2016 Secretary of State CC1358597330

## **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

Officer/Director Detail:

Title DIRECTOR Title TD

Name GALLETTA, ROBERT Name PLESNIK, STEVE

Address 40347 US 19 N, STE 229 Address 40347 US 19 N, STE 229

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34689

TitlePRESIDENTTitleSECRETARYNameSHAW, WILLIAMNameDOLAK, DIANE

Address 40347 US 19 N, STE 229. Address 40347 US HWY 19N

STE 229

City-State-Zip: TARPON SPRINGS FL 34689 City-State-Zip: TARPON SPRINGS FL 34689

Title VP

Name MCEWAN, KEN Address 40347 US HWY 19N

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: WILLIAM SHAW PRESIDENT

ENT 02/10/2016

Electronic Signature of Signing Officer/Director Detail

Date

Date