2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL F	<u> EPORT</u>
DOCUMENT# N0400000497	

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

#### **Current Principal Place of Business:**

5207 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34652

### **Current Mailing Address:**

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

## FEI Number: 20-0947837

#### Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC. 5207 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34652 US Certificate of Status Desired: No

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	PRESIDENT	Title	VP
Name	BOXX, RONNIE	Name	TOZZI-WOOD, PAM
Address	5207 TROUBLE CREEK RD.	Address	5207 TROUBLE CREEK RD.
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	SECRETARY, TREASURER		
Name	JACOBS, APRIL		
Address	5207 TROUBLE CREEK RD.		
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: RONNIE BOXX

PRESIDENT

04/09/2020

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 09, 2020 Secretary of State 8849335612CC