

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000497

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

Current Principal Place of Business:

5837 TROUBLE CREEK RD.
C/O COMMUNITY MANAGEMENT SERVICES, INC.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5837 TROUBLE CREEK RD.
C/O COMMUNITY MANAGEMENT SERVICES, INC.
NEW PORT RICHEY, FL 34652 US

FEI Number: 20-0947837

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD.
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STOEHS, BILL
Address 5837 TROUBLE CREEK RD.
 C/O COMMUNITY MANAGEMENT
 SERVICES, INC.
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY, TREASURER
Name MARIANO, LINDA
Address 5837 TROUBLE CREEK RD.
 C/O COMMUNITY MANAGEMENT
 SERVICES, INC.
City-State-Zip: NEW PORT RICHEY FL 34652

Title VPD
Name DEPACE, GERARD
Address 5837 TROUBLE CREEK RD.
 C/O COMMUNITY MANAGEMENT
 SERVICES, INC.
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: BILL STOEHS

PRESIDENT

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date