

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000497

**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

**Certificate of Status Desired:** No

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

COMMUNITY MANAGEMENT SERVICES, INC.  
5207 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            BOXX, RONNIE  
Address        5207 TROUBLE CREEK RD.  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            VP  
Name            TOZZI-WOOD, PAM  
Address        5207 TROUBLE CREEK RD.  
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**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date