

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000010951

Entity Name: HERITAGE SPRINGS SELF MAINTAINED GROUP, INC.**Current Principal Place of Business:**C/O COMMUNITY MANAGEMENT SERVICES, INC
5207 TROUBLE CREEK ROAD
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:** 85-3374941**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, WESLEY K
400 N. ASHLEY DR.
SUITE 2020
TAMPA, FL 33602 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 PRES
Name ANTHONY, TERRENCE
Address C/O COMMUNITY MANAGEMENT SERVICES, INC
5207 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREA
Name CONNOLE, RICKART A
Address C/O COMMUNITY MANAGEMENT SERVICES, INC
5207 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

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

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

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

Title SEC
Name DIMEO, JOSEPH
Address C/O COMMUNITY MANAGEMENT SERVICES, INC
5207 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

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

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

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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: ROBERT C JOHNSTONE

PRESIDENT

02/10/2022

Officer/Director Detail Continued :

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