

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002167

Entity Name: LAKESIDE VILLAGE OF HERITAGE SPRINGS, INC.**Current Principal Place of Business:**1037 ASHBOURNE CIR
NEW PORT RICHEY, FL 34655**Current Mailing Address:**1037 ASHBOURNE CIR
NEW PORT RICHEY, FL 34655**FEI Number:** 59-3610213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BABUREK, JAN
1037 ASHBOURNE CIR
NEW PORT RICHEY, FL 34655 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	DIRECTOR
Name	SCHUMER, JUDITH
Address	1013 ASHBOURNE CIR
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	DIRECTOR, TREASURER
Name	BABUREK, JANET
Address	1037 ASHBOURNE CIR
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	DIRECTOR, SECRETARY
Name	TERRACE, ADRIENNE
Address	1041 ASHBOURNE CIR
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	DIFILIPPO, VINCENT
Address	1040 ASHBOURNE CIR
City-State-Zip:	TRINITY FL 34655

Title	DIRECTOR
Name	THORNTON, ROBERT MR
Address	1021 ASHBOURNE CIRCLE
City-State-Zip:	TRINITY FL 34655

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: JANET A BABUREK**03/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date