



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90038 028 ****61.25

DOCUMENT # N00000000860 1. Entity Name WEDGWOOD VILLAGE OF HERITAGE SPRINGS, INC.																																																																																																																																									
Principal Place of Business 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655				Mailing Address 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655																																																																																																																																					
2. Principal Place of Business 40347 US 19 NORTH Suite, Apt. #, etc. SUITE 201 City & State TARPON SPRINGS FL Zip 34689		3. Mailing Address P.O. Box 695 Suite, Apt. #, etc. City & State TARPON SPRINGS Zip 34689		<div style="font-size: 24px; font-weight: bold;">50026723</div> 																																																																																																																																					
Country PINELLAS		Country PINELLAS		02052005 Chg-NP CR2E037 (10/03)																																																																																																																																					
4. FEI Number 59-3682576				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent KRACH, MITCHELL 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name TRENE KARAGIANIS Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 NORTH, SUITE 201 City TARPON SPRINGS FL Zip Code 34689																																																																																																																																						
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																									
SIGNATURE <u><i>Trene Karagianis</i></u> - TRENE KARAGIANIS <u>3-7-05</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.																																																																																																																																									
SIGNATURE: <u><i>Don Williams</i></u> <u>3/1/05</u> <u>727-376-3952</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									