

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000860

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: WEDGWOOD VILLAGE OF HERITAGE SPRINGS, INC.

## Current Principal Place of Business:

40347 US 19 NORTH  
SUITE 201  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 695  
TARPON SPRINGS, FL 34689

## New Mailing Address:

FEI Number: 59-3682576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KARAGIANIS, IRENE  
40347 US 19 NORTH SUITE 201  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

KARAGIANIS, IRENE  
40347 US 19 NORTH  
SUITE 201  
TARPON SPRINGS, FL 34689 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:

04/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRANOWSKI, PATRICK  
Address: 1528 CANBERLY COURT  
City-St-Zip: TRINITY, FL 34655

Title: VPO ( ) Delete  
Name: GAROFALO, PHILLIP  
Address: 1438 CANBEERLY CT  
City-St-Zip: TRINITY, FL 34655

Title: SD (X) Delete  
Name: FINKEL, DAVID  
Address: 1501 CANBERLY CT  
City-St-Zip: TRINITY, FL 34655

Title: TD ( ) Delete  
Name: HOLLAND, REGINA  
Address: 1325 CANBERLY CT  
City-St-Zip: TRINITY, FL 34655

Title: D ( ) Delete  
Name: MATHEWS, MARCIA  
Address: 1345 CANBERLY CT  
City-St-Zip: TRINITY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCKENNA, TERRANCE  
Address: 1528 CANBERLY COURT  
City-St-Zip: TRINITY, FL 34655

Title: VP (X) Change ( ) Addition  
Name: GAROFALO, PHILLIP  
Address: 1438 CANBEERLY CT  
City-St-Zip: TRINITY, FL 34655

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRANCE MCKENNA

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date