

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000860

FILED  
Feb 07, 2012  
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:**

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CARINI, STEVE  
**Address:** 1340 CANBERLY COURT  
**City-St-Zip:** TRINITY, FL 34655 US

**Title:** VP  
**Name:** MARTORANA, CAROL  
**Address:** 1403 CANBERLY CT  
**City-St-Zip:** TRINITY, FL 34655 US

**Title:** TD  
**Name:** GAUL, THOMAS  
**Address:** 1424 CANBERLY CT  
**City-St-Zip:** TRINITY, FL 34655 US

**Title:** SD  
**Name:** MATHEWS, MARCIA  
**Address:** 1345 CANBERLY CT  
**City-St-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:** STEVE CARINI

PD

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date