


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90081 020 \*\*\*\*61.25

DOCUMENT # N00000003855					
1. Entity Name TALL PINES VILLAGE OF HERITAGE PINES, INC.					
Principal Place of Business 11524 SCENIC HILLS BLVD. HUDSON, FL 34667			Mailing Address 11524 SCENIC HILLS BLVD. HUDSON, FL 34667		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3670476	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MULLIGAN, EVANS 11524 SCENIC HILLS BLVD. HUDSON, FL 34667			Name <u>DOUG WALKOWIAK</u> Street Address <u>11524 Scenic Hills Blvd</u> City <u>Hudson</u> FL Zip Code <u>34667</u>		
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>Doug Walkowiak</u>		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	# VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUEDING, BOB		NAME	Hank Mayleben	
STREET ADDRESS	11524 SCENIC HILLS BLVD		STREET ADDRESS	11524 Scenic Hills Blvd	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	Hudson, FL 34667	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	S Colleen Kabai	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEHLING, ROGER		NAME	Colleen Kabai	
STREET ADDRESS	11524 SCENIC HILLS BLVD.		STREET ADDRESS	11524 Scenic Hills Blvd	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	Hudson, FL 34667	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLARKEY, MARGE		NAME		
STREET ADDRESS	11524 SCENIC HILLS BLVD		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE: <u>Roger Behling</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	